Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

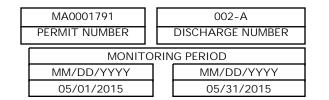
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER	•	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.9	****	6.9	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	172809	172809	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	< 1	*****	< 1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

TYPED OR PRINTED

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph Bauer/ Enivronmental Specialis

SAMPLE DURING DRY WEATHER.

NUMBER

TELEPHONE

(214)567-4874

AREA Code

Joseph Bauer

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

)6/11/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

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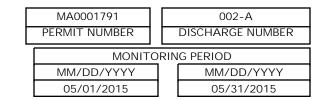
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
· '	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874)6/11/201
TYPED OR PRINTED	anomaton, netering the possibility of the and imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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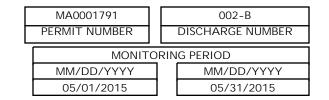
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

ig zir CODL. OTO

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	****	****	*****	6.9	*****	7.4	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	108753	****	gal/d	*****	*****	*****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	****	*****		Weekly	Estimate

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Joseph Bauer/ Enivronmental Specialist	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)6/11/201
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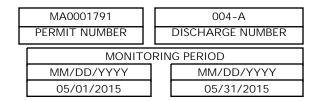
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.7	****	6.7	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	88005	88005	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	11.1	11.1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	****	*****	2.1	2.1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	004-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	NODI 9	*****	NODI 9				
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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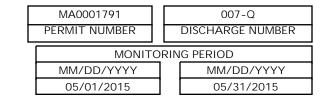
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.96	*****	6.96	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	< 20	****	< 20	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	< 5	****	< 5	ug/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	****	34	****	34	ug/L		Quarterly	Grab
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	*****	< 5	*****	< 5	ug/L		Quarterly	Grab
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	****	< 20	****	< 20	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	120	*****	120	ug/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Quarterly sample for 007 was collected on May 29, 2015.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' TEXAS INSTRUMENTS INC.

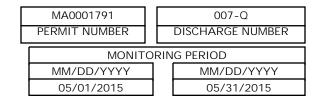
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880 **MAJOR**

(SUBR S) OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	385000	385000	gal/d	****	****	****	*****		Quarterly	Grab
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	****	*****		Quarterly	Grab

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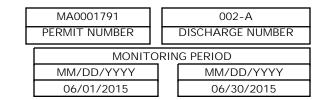
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
H	SAMPLE MEASUREMENT	*****	****	*****	7	*****	7	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	*****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	138247	138247	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	*****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	*****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC. ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

Γ	MA0001791		002-A
	PERMIT NUMBER		DISCHARGE NUMBER
		_	
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	06/01/2015]	06/30/2015

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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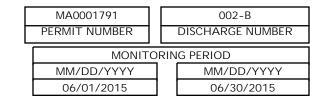
ADDRESS: 527 Pleasant Street

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ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.6	****	7.1	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	****	****	< 1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	91492	****	gal/d	*****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	****	*****		Weekly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)7/18/201!
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

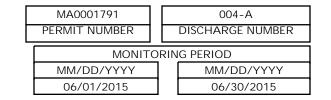
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.9	*****	6.9	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	89659	89659	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	9.3	9.3	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	*****	*****	*****	1.6	1.6	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

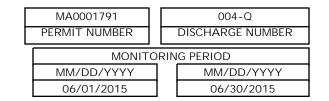
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

annig zir cobe. - ore

(SUBR S)
GROUNDWATER INFILTTRATION - QUARTI

External Outfall

MAJOR

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	1.6	****	1.6	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

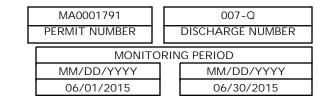
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN					CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				_
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

١		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
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j	TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Quarterly sample for 007 was collected on May 29, 2015. DMRs for May and June corrected to show the quarterly results in the May DMR.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

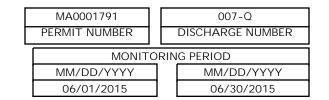
ADDRESS: 527 Pleasant Street ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	****	*****		Quarterly	Grab

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TYPED OR PRINTED	amornation, moleculary the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

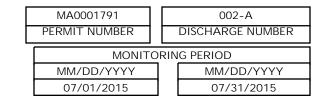
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****	6.8	*****	6.8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	107488	107488	gal/d	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	****	*****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	*****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTN: Joe Bauer, VICE PRES.

ATTLEBORO, MA 02703

 MA0001791
 002-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2015
 07/31/2015

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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· '	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)8/12/201
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

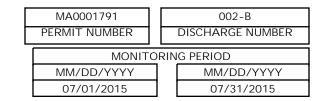
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.5	****	6.9	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	87631	****	gal/d	*****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	*****	*****		Weekly	Estimate

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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

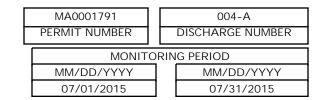
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
PΗ	SAMPLE MEASUREMENT	****	****	*****	6.5	****	6.5	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	78558	78558	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	10.1	10.1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	****	*****	1.7	1.7	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	004-Q						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						
07/01/2015	07/31/2015						

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	*****	****	*****	NODI 9	****	NODI 9				
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	NODI 9	*****	NODI 9				
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	*****	NODI 9	*****	NODI 9				
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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TYPED OR PRINTED	anomaton, netering the possibility of the and imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

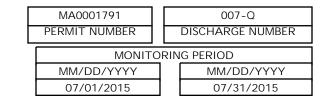
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	*****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	losenn Baller	TELEP	HONE	DATE
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC. ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

Γ	MA0001791	Г	007-Q
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	2RII	NG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	07/01/2015]	07/31/2015

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	losenh Baller	TELEPI	HONE	DATE
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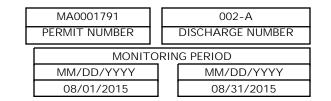
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
РΗ	SAMPLE MEASUREMENT	****	****	*****	6.8	****	6.8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	96329	96329	gal/d	*****	*****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	*****	*****	< 1	*****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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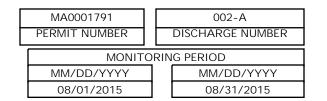
NÄME: TEXAS INSTRUMENTS INC. ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

	QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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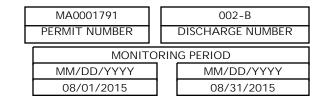
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****	6.5	****	7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	****	****	< 1	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	61158	****	gal/d	*****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	****	****	*****	*****		Weekly	Estimate

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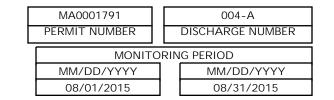
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FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.8	****	6.8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	45267	45267	gal/d	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	5	5	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	*****	< 1	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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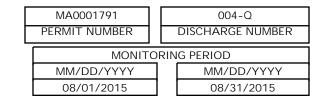
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	*****	****	*****	NODI 9	****	NODI 9				
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	NODI 9	*****	NODI 9				
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	*****	NODI 9	*****	NODI 9				
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	007-Q							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY							
08/01/2015	08/31/2015							

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
РΗ	SAMPLE MEASUREMENT	*****	****	****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	****	NODI 9	*****	NODI 9				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	****	NODI 9	*****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	*****	*****	****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	*****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	****	*****	NODI 9	****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	007-Q								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
08/01/2015	08/31/2015								

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

	QUANTITY OR LOADING				Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	losenh Kalier	TELEPI	HONE	DATE
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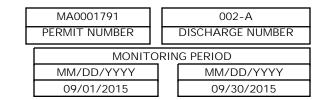
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	*****	*****	****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	64219	64219	gal/d	****	****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	*****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	*****	****	*****	< 1	*****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

.	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	losenh Baller	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874	0/12/201
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

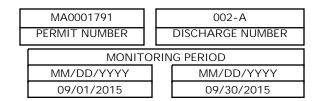
NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		L	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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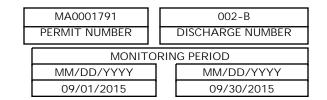
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.5	****	7.1	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	****	****	< 1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	57347	****	gal/d	*****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	****	*****		Weekly	Estimate

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TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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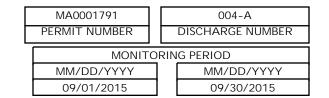
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.6	****	6.6	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	30178	30178	gal/d	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	4.1	4.1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	*****	< 1	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	004-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	*****	< 1	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	****	< 1	*****	< 1	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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NÄME: TEXAS INSTRUMENTS INC.

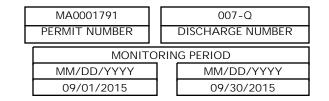
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.3	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	< 20	****	< 20	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	< 5	****	< 5	ug/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	23	****	23	ug/L		Quarterly	Grab
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	< 5	****	< 5	ug/L		Quarterly	Grab
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	< 20	****	< 20	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	< 50	****	< 50	ug/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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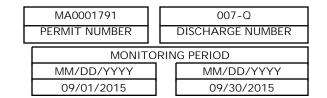
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	182000	182000	gal/d	****	****	****	*****		Quarterly	Grab
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	****	*****		Quarterly	Grab

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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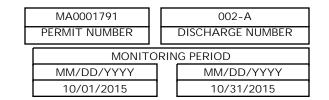
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****	7.5	*****	7.5	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	67025	67025	gal/d	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	****	*****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	*****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	and matter, meading the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 527 Pleasant Street

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FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

Γ	MA0001791		002-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2015]	10/31/2015

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

	QUANTITY OR LOADII			NG	NG QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

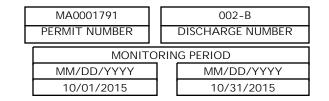
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

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ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.3	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	****	****	< 1	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	65662	****	gal/d	*****	*****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	****	*****		Weekly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
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TYPED OR PRINTED	errormation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

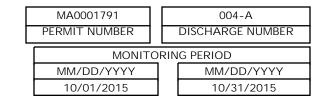
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	7.12	*****	7.12	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	30178	30178	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	****	7.8	7.8	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	*****	1.1	1.1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	errormation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	004-Q						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITO	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
10/01/2015	10/31/2015						

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	*****	NODI 9	*****	NODI 9				
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IOSENN BALIER	TELEP	HONE	DATE
1 '	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874	1/13/201
TYPED OR PRINTED	amormador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

Γ	MA0001791		007-Q					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY]	MM/DD/YYYY					
	10/01/2015]	10/31/2015					

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	*****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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İ	TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC. ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	007-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Quarterly	Grab

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TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

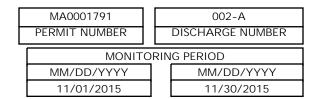
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.1	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	79162	79162	gal/d	*****	****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	*****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	*****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	and materia, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

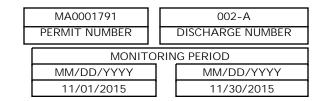
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		L	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	1.6	****	1.6	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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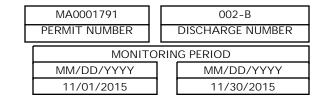
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
На	SAMPLE MEASUREMENT	*****	****	*****	6.5	*****	7.1	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	3.4	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	67537	****	gal/d	****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	*****	gal/d	*****	****	*****	*****		Weekly	Estimate

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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

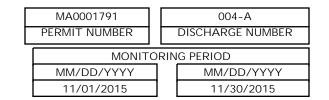
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.8	****	6.8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	67901	67901	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	6.4	6.4	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	****	*****	1.3	1.3	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

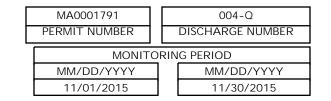
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	*****	NODI 9				
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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'	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874	2/14/201
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

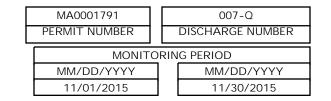
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	*****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IOSENN KALIER	TELEP	DATE	
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874	2/14/201
TYPED OR PRINTED	and mador, medaling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

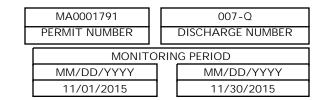
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880 MAJOR

(SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

							FREQUENCY	SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l losenh Kaller	TELEPI	DATE	
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TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TEXAS INSTRUMENTS INC.

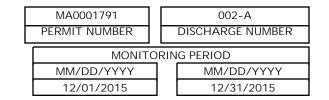
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.6	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	89057	89057	gal/d	*****	****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	*****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	*****	****	*****	< 1	*****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)1/13/2016
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

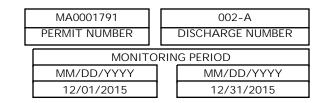
NÄME: TEXAS INSTRUMENTS INC. ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

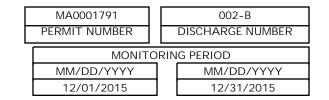
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Нα	SAMPLE MEASUREMENT	****	*****	*****	6.5	*****	6.7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	****	****	< 1	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	*****	*****	*****	****	< 1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	74454	****	gal/d	****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	*****	gal/d	*****	****	****	*****		Weekly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
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TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

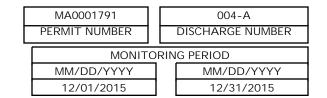
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	****	*****	*****	6.5	*****	6.5	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	75252	75252	gal/d	*****	****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	< 7.16	< 7.16	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	*****	<= 1	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

 MA0001791
 004-Q

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 12/01/2015
 12/31/2015

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	< 1	*****	< 1	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	*****	****	****	< 1	****	< 1	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	< 1	*****	< 1	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

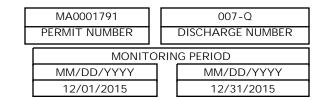
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.53	*****	6.53	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	< 50	****	< 50	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	< 5	****	< 5	ug/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	57	****	57	ug/L		Quarterly	Grab
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	< 5	****	< 5	ug/L		Quarterly	Grab
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	30	****	30	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	*****	****	90	****	90	ug/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

ŀ		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
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Ī	TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791		007-Q
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	DRI	NG PERIOD
	٦.	
MM/DD/YYYY	┚	MM/DD/YYYY
12/01/2015	Ī	12/31/2015

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	182000	182000	gal/d	****	****	****	*****		Quarterly	Grab
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	****	*****		Quarterly	Grab

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TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TEXAS INSTRUMENTS INC.

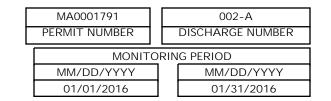
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE:

01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.1	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	108848	108848	gal/d	*****	****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	*****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	6.63	****	6.63	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

ŀ		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
		person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)2/15/2016
Ī	TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME:"\ TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	FORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	7.87	****	7.87	ug/L	1	Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
'	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)2/15/2010
TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

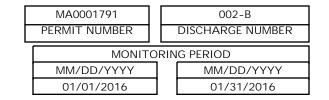
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.1	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	101745	****	gal/d	*****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	****	*****		Weekly	Estimate

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TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

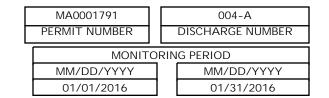
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	****	6.8	****	6.8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	109996	109996	gal/d	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	9.16	9.16	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	****	*****	< 5	< 5	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791 004-Q
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
01/01/2016 01/31/2016

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	*****	****	*****	NODI 9	****	NODI 9				
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	NODI 9	*****	NODI 9				
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	*****	NODI 9	*****	NODI 9				
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874)2/15/201
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

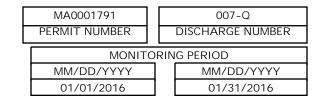
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	*****	NODI 8	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	****	NODI 9				-
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	losenn Baller	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)2/15/2016
TYPED OR PRINTED	amornador, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC. ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	007-Q							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
01/01/2016	01/31/2016							

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	I Insenh Baller	TELEPI	HONE	DATE
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TYPED OR PRINTED	arrormation, including the possibility of this and imprisonifiert for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

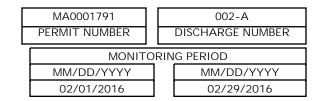
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****	7.6	****	7.6	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	118743	118743	gal/d	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	****	*****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	19.4	****	19.4	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
		person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)3/15/2016
İ	TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The small exceedance of the limit for TCE is believed to be due to groundwater infiltration into the storm drain system downstream of the dry weather flow collection vault but in the vicinity of the 002A sampling point. Please see attachment for additional information.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703 FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	PRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	6.7	****	6.7	ug/L	1	Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)3/15/201
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The small exceedance of the limit for TCE is believed to be due to groundwater infiltration into the storm drain system downstream of the dry weather flow collection vault but in the vicinity of the 002A sampling point. Please see attachment for additional information.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

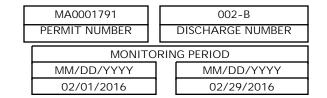
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
РΗ	SAMPLE MEASUREMENT	****	*****	*****	6.5	*****	7.1	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	****	****	< 1	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	76022	****	gal/d	*****	*****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	****	*****		Weekly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
'	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)3/15/2010
TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

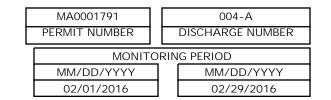
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	7.4	****	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	115785	115785	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	15	15	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	****	*****	< 1	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	and materi, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

 MA0001791
 004-Q

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 02/01/2016
 02/29/2016

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	*****	****	****	NODI 9	*****	NODI 9				
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

Γ	MA0001791	ſ		007-Q
	PERMIT NUMBER			DISCHARGE NUMBER
	MONIT	OR	RIN	G PERIOD
	MM/DD/YYYY]		MM/DD/YYYY
	02/01/2016			02/29/2016

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	****	NODI 9				-
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonification knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	007-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Quarterly	Grab

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TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: " TEXAS INSTRUMENTS INC.

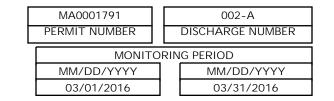
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.1	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	110616	110616	gal/d	*****	****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	*****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	17.8	****	17.8	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Joseph Bauer Joseph Bauer/ Environmental Specialis person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (214)567-4874)4/14/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

certify under penalty of law that this document and all attachments were prepared under my

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The small exceedance of the limit for TCE is believed to be due to groundwater infiltration into the storm drain system downstream of the dry weather flow collection vault but in the vicinity of the 002A sampling point. Please see attachment for additional information.

TELEPHONE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

 MA0001791
 002-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 03/01/2016
 03/31/2016

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	7.99	****	7.99	ug/L	1	Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The small exceedance of the limit for TCE is believed to be due to groundwater infiltration into the storm drain system downstream of the dry weather flow collection vault but in the vicinity of the 002A sampling point. Please see attachment for additional information.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS Weekly Weekly Monthly Monthly Monthly Weekly	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	****	****	4.36	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	106525	****	gal/d	*****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	*****	*****		Weekly	Estimate

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TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

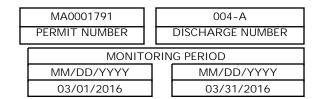
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	7.2	*****	7.2	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	82990	82990	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	****	22.1	22.1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	*****	2.94	2.94	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

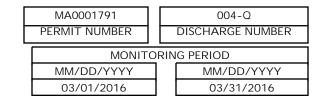
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	< 1	*****	< 1	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	*****	****	****	2.51	****	2.51	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	2.94	*****	2.94	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

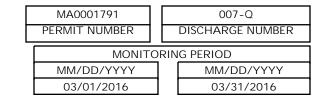
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	7.2	*****	7.2	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	< 10	****	< 10	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	****	8	****	8	ug/L		Quarterly	Grab
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	*****	< 1	*****	< 1	ug/L		Quarterly	Grab
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	****	< 10	****	< 10	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	45	*****	45	ug/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)4/14/2016
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703 ATTN: Joe Bauer, VICE PRES.

 MA0001791
 007-Q

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 03/01/2016
 03/31/2016

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1681000	1681000	gal/d	****	****	****	*****		Quarterly	Grab
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		Quarterly	Grab

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

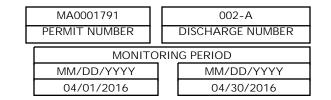
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
На	SAMPLE MEASUREMENT	*****	****	****	7.4	****	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	120672	120672	gal/d	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	22.6	****	22.6	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see attachment for explanation of Outfall 002A exceedance this month and corrective action taken.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

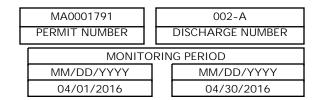
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	22.5	****	22.5	ug/L	1	Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	****	5 DAILY MX	ug/L		Monthly	Grab

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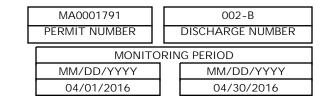
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.8	****	7.4	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	6.5	ug/L	1	Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	69133	****	gal/d	*****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	****	*****		Weekly	Estimate

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TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TCE in outfall 002B was slightly over the limit this month. This is attributed to the fact that the air stripper influent had a proportionally larger contribution from bedrock groundwater than is typical. This results in increased iron fouling and a reduced air stripper efficiency (97% in April) compared to the typical efficiency of >99%. Corrective action is to replace the faulty storm sewer pump that led to reduced flow for this component of the influent, and operator instruction on changes needed to air stripper cleaning frequency and operation when bedrock influent

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

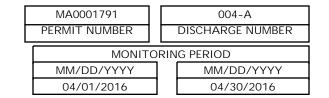
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	7.2	****	7.2	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	106311	106311	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	22.2	22.2	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	****	*****	3.5	3.5	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

Γ	MA0001791		004-Q
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRII	NG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	04/01/2016		04/30/2016

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	****	NODI 9				
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnell properly gather and evaluate the information submitted. Based on my inquiry of the	I IOSENN BALIER	TELEPI	HONE	DATE
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TYPED OR PRINTED	and material including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

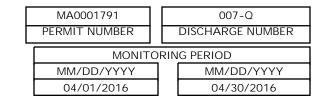
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	****	NODI 9				-
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	losenh Baller	TELEP	HONE	DATE
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TYPED OR PRINTED	amornador, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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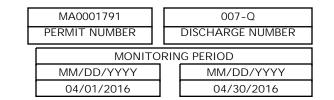
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Quarterly	Grab

	control of the contro	I IOSENN KALIER	TELEP	DATE	
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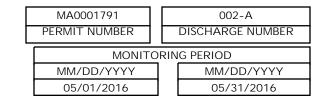
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
На	SAMPLE MEASUREMENT	*****	****	*****	7.1	****	7.1	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	130728	130728	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)6/07/2010
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC. ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

Г	MA0001791	Г	002-A
	PERMIT NUMBER		DISCHARGE NUMBER
		_	
	MONITO	2R	ING PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	05/01/2016	7	05/31/2016

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUANTITY OR LOADING		Ql	JALITY OR CON	CENTRATION			FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

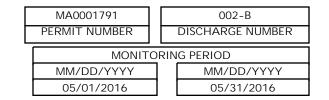
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.8	****	7.1	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	*****	****	*****	*****	****	< 1	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	*****	*****	****	< 1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	105823	****	gal/d	*****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	*****	gal/d	*****	*****	****	*****		Weekly	Estimate

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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

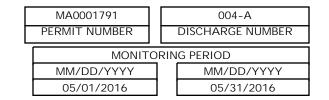
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.9	****	6.9	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	113169	113169	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	11	11	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	*****	1.7	1.7	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

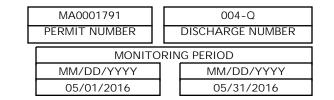
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnell properly gather and evaluate the information submitted. Based on my inquiry of the	I IOSENN BALIER	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874	0/03/2010
TYPED OR PRINTED	and material including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

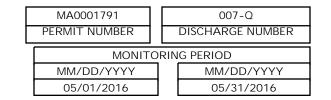
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	****	NODI 9				-
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

 MA0001791
 007-Q

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 05/01/2016
 05/31/2016

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
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TYPED OR PRINTED	errormation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

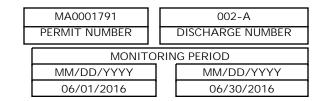
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.6	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	100560	100560	gal/d	*****	****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	*****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	*****	****	*****	< 1	*****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC. ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

Γ	MA0001791		002-A
	PERMIT NUMBER		DISCHARGE NUMBER
	NACHUTA		NC DEDIOD
	MONTO	ואַ	NG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	06/01/2016	1	06/30/2016

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

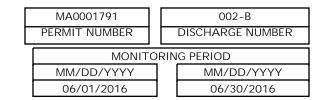
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	79036	****	gal/d	*****	*****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	****	*****		Weekly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)7/14/201
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

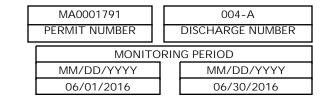
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.5	****	6.5	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	94307	94307	gal/d	*****	*****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	7.1	7.1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	****	*****	< 1	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	004-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 01880

MAJOR

(SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	007-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO. FREQUENCY		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.3	****	6.3	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	****	< 20	****	< 20	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	****	5	****	5	ug/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	****	17	****	17	ug/L		Quarterly	Grab
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	< 5	****	< 5	ug/L		Quarterly	Grab
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	< 20	****	< 20	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	80	****	80	ug/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

ŀ		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
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Ī	TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

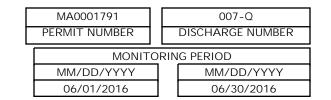
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	725000	725000	gal/d	*****	****	****	*****		Quarterly	Grab
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Quarterly	Grab

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TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

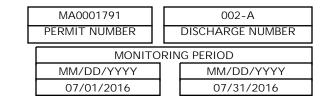
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****	7.3	*****	7.3	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	80448	80448	gal/d	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	****	*****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	*****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703

ATTLLBORO, IVIA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

Γ	MA0001791		002-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	07/01/2016]	07/31/2016

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				L	FREQUENCY			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	*****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

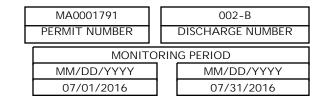
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	*****	****	*****	6.7	*****	7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	79333	****	gal/d	*****	*****	*****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	*****	gal/d	*****	****	****	*****		Weekly	Estimate

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATER CONDITIONS

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

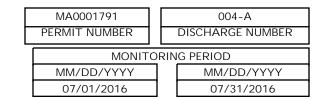
ADDRESS: 527 Pleasant Street

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ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.5	****	6.5	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	71090	71090	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	6.8	6.8	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	*****	< 1	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	004-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				- FV OF ANALYSIS	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	NODI 9	*****	NODI 9				
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

Γ	MA0001791	Γ	007-Q
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	DR	RING PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	07/01/2016	1	07/31/2016

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	*****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
		person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874		0/13/2016
İ	TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

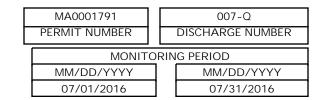
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	****	*****		Quarterly	Grab

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· '		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874	0/13/2010	
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TEXAS INSTRUMENTS INC.

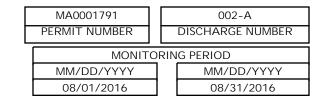
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рH	SAMPLE MEASUREMENT	****	*****	*****	6.9	*****	6.9	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	92165	92165	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	*****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	losenh Baller	TELEP	DATE	
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874)9/19/2016
Ī	TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

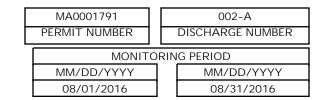
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	DATE	
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)9/19/2010
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

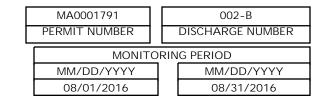
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.5	*****	6.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	89735	*****	gal/d	*****	*****	*****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	****	*****		Weekly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	losenh Kalier	TELEPI	TELEPHONE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874)9/19/2010	
TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

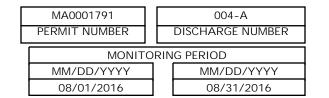
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.5	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	71090	71090	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	*****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	2.4	2.4	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	*****	*****	*****	< 1	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

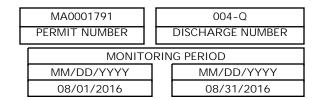
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	NODI 9	*****	NODI 9				
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

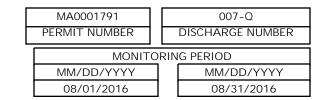
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	****	NODI 9	*****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	****	*****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	****	*****	NODI 9	****	NODI 9				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	****	NODI 9	*****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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TYPED OR PRINTED	amornador, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

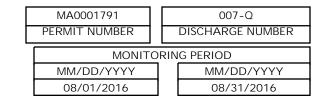
NÄME: TEXAS INSTRUMENTS INC. ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	****	*****		Quarterly	Grab

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NÄME: TEXAS INSTRUMENTS INC.

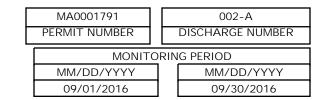
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
На	SAMPLE MEASUREMENT	****	****	*****	6.97	****	6.97	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	*****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	94798	94798	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	*****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874	0/13/2010
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791		002-A					
PERMIT NUMBER		DISCHARGE NUMBER					
MON	MONITORING PERIOD						
MM/DD/YYYY		MM/DD/YYYY					
09/01/2016	i	09/30/2016					

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
Joseph Bauer/ Environmental Specialist	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56 ⁻	7-4874	0/13/201
TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

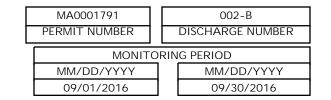
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.7	*****	6.9	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	****	****	< 1	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	69302	****	gal/d	****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	*****	*****		Weekly	Estimate

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· '	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874	0/13/2010
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

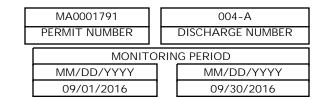
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.57	*****	6.57	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2472	2472	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	3.1	3.1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	****	*****	< 1	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
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TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

 MA0001791
 004-Q

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 09/01/2016
 09/30/2016

DMR Mailing ZIP CODE: 01880

IIIIIg ZII CODE. 0100

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	*****	< 1	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	*****	****	****	< .001	****	< .001	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	*****	< 1	*****	< 1	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874	0/13/2010
TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	007-Q						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITO	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
09/01/2016	09/30/2016						

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	< 20	****	< 20	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	12	****	12	ug/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	26	****	26	ug/L		Quarterly	Grab
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	*****	< 5	****	< 5	ug/L		Quarterly	Grab
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	< 20	****	< 20	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	350	*****	350	ug/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

There was no measurable flow at the outlet of the pond this month due to drought conditions. The level of the pond was so low that there was no measurable outflow occurring at the time of sampling. A sample was still collected at the outlet location and results are reported herein; however the water was essentially stagnant.

Joseph Bauer

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph Bauer/ Environmental Specialis

TYPED OR PRINTED

NUMBER

TELEPHONE

(214)567-4874

AREA Code

DATE

0/13/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	007-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	PRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	****	*****		Quarterly	Grab

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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TEXAS INSTRUMENTS INC.

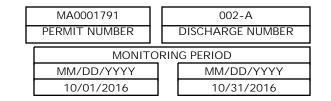
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.67	*****	6.67	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	130348	130348	gal/d	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	*****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

ŀ		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
		person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874		1/11/2016
Ī	TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

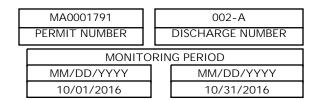
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	anto matton, incloding the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	002-B							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
10/01/2016	10/31/2016							

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
РΗ	SAMPLE MEASUREMENT	*****	****	*****	6.7	*****	6.86	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	95731	****	gal/d	*****	*****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	*****	*****		Weekly	Estimate

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	losenn Baller	TELEP	DATE	
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	1/11/2016	
TYPED OR PRINTED	amornation, moleculary the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	004-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONIT	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
10/01/2016	10/31/2016							

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.5	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	97867	97867	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	****	< 1	< 1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	*****	< 1	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	losenh Kalier	TELEPI	DATE	
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	1/11/2010	
TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	004-Q							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
10/01/2016	10/31/2016							

DMR Mailing ZIP CODE: 01880

illing zir CODL. Ord

(SUBR S)
GROUNDWATER INFILTTRATION - QUARTI

External Outfall

MAJOR

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	NODI 9	*****	NODI 9				
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874	1/11/2010
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

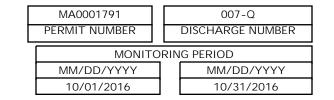
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	****	NODI 9				-
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

⊢		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
		person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874	1/11/2016
Γ	TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC. ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	007-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
'	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874		1/11/201
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

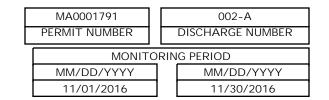
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****	6.56	****	6.56	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	130348	130348	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	*****	****	*****	1.6	****	1.6	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Joseph Bauer Joe Bauer/ Environmental, Health, and person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (214)567-4874 2/06/201 Safety Manage accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

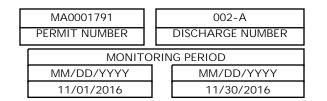
NÄME: TEXAS INSTRUMENTS INC. ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	NTITY OR LOADING		QUALITY OR CONCENTRATION				FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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Joe Bauer/ Environmental, Health, and Safety Manage	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	2/06/2010	
TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

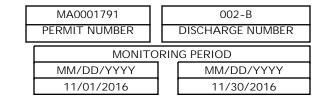
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.61	****	6.81	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	****	****	****	< 1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	102190	****	gal/d	*****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	****	*****		Weekly	Estimate

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Joe Bauer/ Environmental, Health, and Safety Manage	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	2/06/2010	
TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

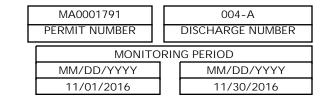
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.65	****	6.65	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	47728	47728	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	6.5	6.5	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	****	*****	< 1	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
Joe Bauer/ Environmental, Health, and Safety Manage	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	2/06/2016	
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	004-Q						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						
11/01/2016	11/30/2016						

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	*****	NODI 9				
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
Joe Bauer/ Environmental, Health, and Safety Manage	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	2/06/2010	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

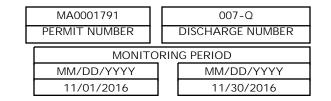
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	*****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	losenh Baller	TELEP	HONE	DATE
	Joe Bauer/ Environmental, Health, and Safety Manage	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874	2/06/2016
İ	TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

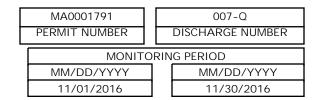
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

3

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	****	*****		Quarterly	Grab

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Joe Bauer/ Environmental, Health, and Safety Manage	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	2/06/201	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

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NÄME: TEXAS INSTRUMENTS INC.

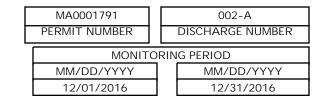
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER	•	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
РΗ	SAMPLE MEASUREMENT	*****	****	*****	6.78	****	6.78	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	*****	****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	165897	165897	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	4.6	****	4.6	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	*****	*****	< 1	*****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see attachment for diagnosis and corrective actions taken due to TCE being outside the permit limit this month.

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph Bauer/ Environmental Specialis

TYPED OR PRINTED

NUMBER

TELEPHONE

(214)567-4874

AREA Code

Joseph Bauer

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

)1/12/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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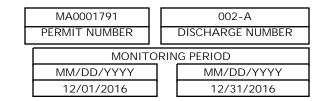
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		L	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	11.2	****	11.2	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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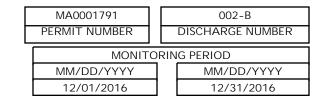
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.01	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	12.8	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	89511	****	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	****	*****		Weekly	Estimate

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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see attachment for diagnosis and corrective actions taken due to TCE being outside the permit limit this month.

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

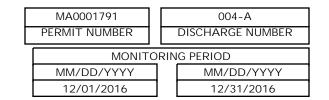
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.39	****	6.39	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	120970	120970	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	****	< 1	< 1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	****	*****	< 1	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791 004-Q
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
12/01/2016 12/31/2016

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	< 1	*****	< 1	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	*****	****	****	< 1	****	< 1	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	< 1	*****	< 1	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NÄME: TEXAS INSTRUMENTS INC.

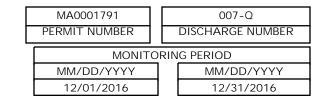
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	5.88	*****	5.88	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	160	****	160	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	< 5	****	< 5	ug/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	410	****	410	ug/L		Quarterly	Grab
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	< 5	****	< 5	ug/L		Quarterly	Grab
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	270	****	270	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	*****	*****	340	****	340	ug/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

 MA0001791
 007-Q

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 12/01/2016
 12/31/2016

DMR Mailing ZIP CODE: 01880 MAJOR

(SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				1	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	915552	915552	gal/d	****	****	****	*****		Quarterly	Grab
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Quarterly	Grab

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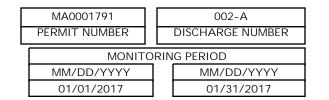
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.72	****	6.72	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	****	****	< 1.5	****	< 1.5	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	*****	*****	****	< 1	*****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	*****	*****	****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	96267	96267	gal/d	*****	****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	*****	*****	****	18	*****	18	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1.5	****	< 1.5	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Joseph Bauer Joseph Bauer/ Environmental Specialis person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (214)567-4874)2/15/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see attachment for explanation of TCE exceedance and corrective actions underway.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

 MA0001791
 002-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 01/01/2017
 01/31/2017

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	11	****	11	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
· '	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874)2/15/201
TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see attachment for explanation of TCE exceedance and corrective actions underway.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

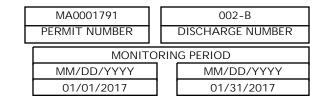
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	****	*****	*****	6.7	*****	6.81	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	1.2	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	107100	****	gal/d	*****	*****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	****	*****		Weekly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	DATE	
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TYPED OR PRINTED	and matter, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

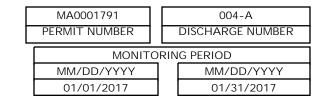
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.75	*****	6.75	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	111293	111293	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	8.9	8.9	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.1	2.1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	DATE	
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TYPED OR PRINTED	and matter, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	004-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	PRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	****	NODI 9				
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	*****	****	****	NODI 9	*****	NODI 9				
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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TYPED OR PRINTED	and metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

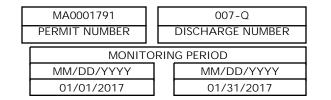
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	****	NODI 9	*****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	****	*****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	****	*****	NODI 9	****	NODI 9				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	****	NODI 9	*****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)2/15/201
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	007-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 01880 MAJOR

(SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	QUALITY OR CONCENTRATION				FREQUENCY	-
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	****	*****		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)2/15/201
TYPED OR PRINTED	and match, relating the possibility of the site imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

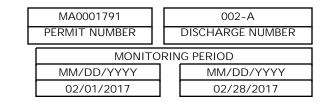
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
РΗ	SAMPLE MEASUREMENT	****	****	****	6.65	****	6.65	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1.5	****	< 1.5	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	163421	163421	gal/d	*****	*****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	48	****	48	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	*****	*****	< 1.5	*****	< 1.5	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

TYPED OR PRINTED

direction or supervision in accordance with a system designed to assure that qualified Joseph Bauer

Joseph Bauer

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see attachment for an explanation of the exceedance at outfall 002A and the corrective actions implemented.

certify under penalty of law that this document and all attachments were prepared under my

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TELEPHONE

DATE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

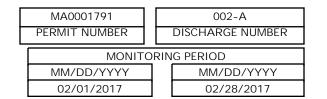
ADDRESS: 527 Pleasant Street ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	43	****	43	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
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TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see attachment for an explanation of the exceedance at outfall 002A and the corrective actions implemented.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

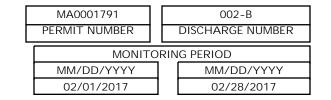
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
На	SAMPLE MEASUREMENT	*****	*****	*****	6.78	****	6.85	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	123335	****	gal/d	*****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	*****	gal/d	*****	****	*****	*****		Weekly	Estimate

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	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874)3/15/201
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

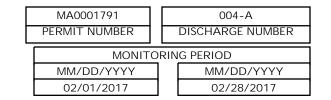
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.66	*****	6.66	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	106522	106522	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	16	16	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	*****	3.4	3.4	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
· '	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874)3/15/201
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

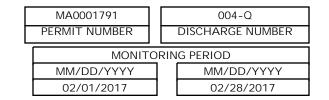
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	*****	NODI 9	*****	NODI 9		·		
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	IOSENN KALIER	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874)3/15/201
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TEXAS INSTRUMENTS INC.

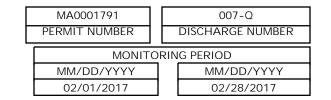
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рH	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	*****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	****	*****	NODI 9	****	NODI 9				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	*****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC. ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	007-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 01880 MAJOR

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUANTITY OR LOADING		Ql	JALITY OR CON	CENTRATION		L	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	****	*****		Quarterly	Grab

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TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

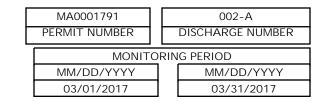
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
На	SAMPLE MEASUREMENT	****	****	*****	6.56	****	6.56	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1.5	****	< 1.5	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	181493	181493	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	10	****	10	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	*****	*****	*****	< 1.5	****	< 1.5	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

Γ	MA0001791		002-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	03/01/2017	1	03/31/2017

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	2.7	****	2.7	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

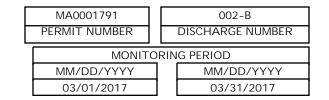
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	****	****	*****	6.6	*****	6.85	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	140269	****	gal/d	****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	*****	*****		Weekly	Estimate

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

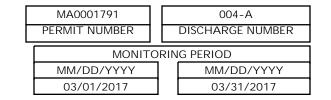
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.65	****	6.65	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	104207	104207	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	16	16	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	****	*****	2.9	2.9	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

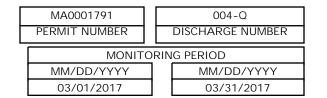
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	*****	*****	*****	< 1.5	****	< 1.5	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	*****	*****	*****	2	*****	2	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	2.9	*****	2.9	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

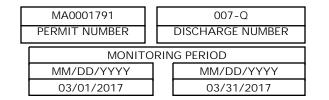
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.65	*****	6.65	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	19	****	19	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	****	< 10	****	< 10	ug/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	****	54	****	54	ug/L		Quarterly	Grab
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	*****	< 7	*****	< 7	ug/L		Quarterly	Grab
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	< 50	*****	< 50	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	152	****	152	ug/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
· '	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874)4/13/201
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703 ATTN: Joe Bauer, VICE PRES.

MA0001791 007-Q
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
03/01/2017 03/31/2017

DMR Mailing ZIP CODE: 01880

ming 2m oob2.

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1577000	1577000	gal/d	*****	****	****	*****		Quarterly	Grab
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Quarterly	Grab

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'	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)4/13/201
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

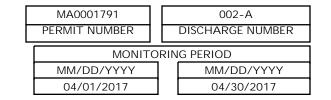
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.9	****	6.9	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	****	****	< 1.5	****	< 1.5	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	*****	< 1	*****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	*****	****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	151733	151733	gal/d	*****	*****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	12	****	12	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	*****	*****	< 1.5	*****	< 1.5	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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1	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)5/12/201
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see attachment for likely cause of exceedance and corrective actions underway.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

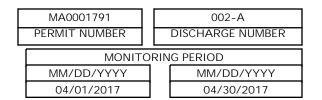
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	15	****	15	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Please see attachment for likely cause of exceedance and corrective actions underway.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

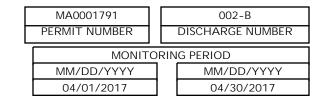
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.68	*****	6.86	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	2.4	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	118877	****	gal/d	****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	****	*****		Weekly	Estimate

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

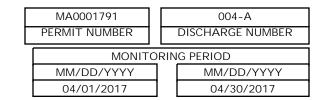
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	7.02	*****	7.02	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	108838	108838	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	9	9	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	****	2.1	2.1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

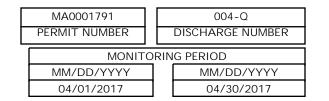
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	< 1.5	*****	< 1.5	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	*****	****	****	1	****	1	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	*****	2.1	*****	2.1	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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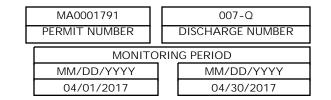
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	*****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

ŀ		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
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Ī	TYPED OR PRINTED	and metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC. ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	007-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 01880

mig Zii CODL. 010

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	****	*****		Quarterly	Grab

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

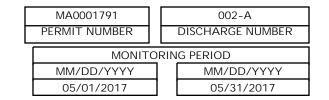
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.57	*****	6.57	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1.5	****	< 1.5	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	149820	149820	gal/d	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	****	*****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	7.9	****	7.9	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1.5	****	< 1.5	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
1	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)6/19/201
TYPED OR PRINTED	arrormation, including the possibility of this and imprisonifiert for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see attachment for explanation of exceedance for TCE and corrective actions taken.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

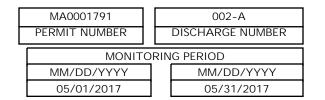
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	8.2	****	8.2	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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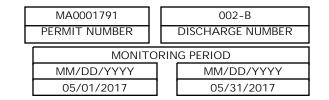
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.72	****	6.9	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	116681	****	gal/d	*****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	****	*****		Weekly	Estimate

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

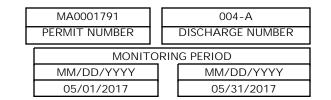
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	*****	*****	*****	6.75	*****	6.75	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	127422	127422	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	14	14	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	*****	*****	*****	2.3	2.3	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

Γ	MA0001791	Γ	004-Q
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	DR	RING PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	05/01/2017		05/31/2017

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	*****	*****	*****	< 1.5	****	< 1.5	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	*****	1.5	*****	1.5	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	2.3	*****	2.3	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

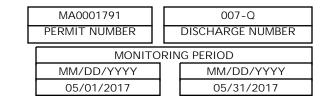
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				_
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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TYPED OR PRINTED	amormador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

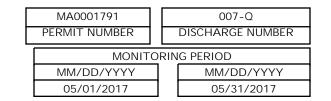
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				1 .). FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	****	*****		Quarterly	Grab

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TYPED OR PRINTED	and metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NAME: ' TEXAS INSTRUMENTS INC.

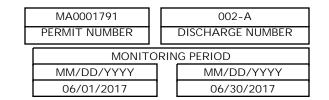
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.83	*****	6.83	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	1.8	****	1.8	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	189597	189597	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	7.8	****	7.8	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1.5	*****	< 1.5	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Joseph Bauer Joseph Bauer/ Environmental Specialis person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (214)567-4874)7/14/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

certify under penalty of law that this document and all attachments were prepared under my

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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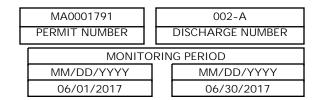
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	19	****	19	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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NAME: TEXAS INSTRUMENTS INC.

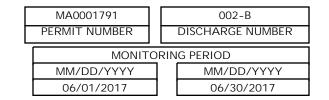
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.79	****	7.05	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	*****	*****	*****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	1.4	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	96470	****	gal/d	*****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	*****	*****		Weekly	Estimate

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

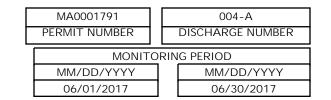
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.55	****	6.55	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	114123	114123	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	****	13	13	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	*****	1.8	1.8	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPHONE		DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874)7/14/201
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

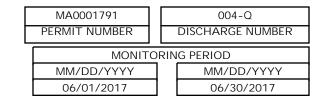
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	< 1.5	****	< 1.5	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	.0014	*****	.0014	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	*****	1.8	*****	1.8	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

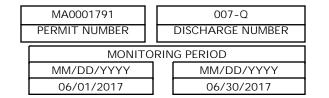
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.15	*****	6.15	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	19	****	19	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	< 10	****	< 10	ug/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	****	33	****	33	ug/L		Quarterly	Grab
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	*****	< 7	****	< 7	ug/L		Quarterly	Grab
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	< 50	****	< 50	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	186	****	186	ug/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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TYPED OR PRINTED	amormador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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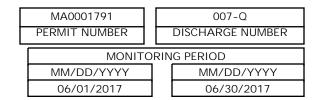
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

							L	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	818000	818000	gal/d	****	****	****	*****		Quarterly	Grab
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	Grab

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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

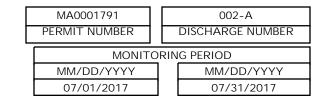
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Нα	SAMPLE MEASUREMENT	*****	****	*****	6.87	****	6.87	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1.5	****	< 1.5	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	109395	109395	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	*****	*****	< 1.5	****	< 1.5	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

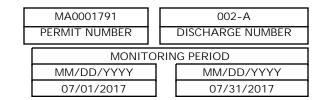
NÄME: TEXAS INSTRUMENTS INC. ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUANTITY OR LOADING QUALITY OR CONCENTRATION					L	FREQUENCY			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NAME: TEXAS INSTRUMENTS INC.

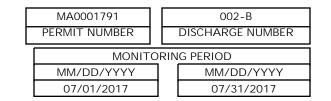
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	> 6.82	*****	< 6.96	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	*****	*****	****	< 1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	118335	****	gal/d	*****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	****	*****		Weekly	Estimate

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NAME: TEXAS INSTRUMENTS INC.

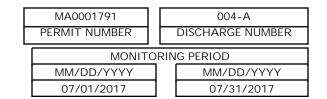
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.82	****	6.82	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	106522	106522	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	9.6	9.6	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	****	*****	1.2	1.2	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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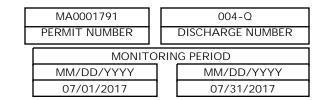
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1.5	****	< 1.5	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	*****	< 1	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	****	1.2	*****	1.2	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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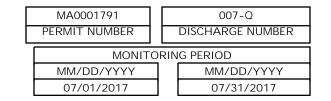
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	*****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the information, who manage the system, or those persons directly responsible for gathering the information, submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

TYPED OR PRINTED

direction or supervision in accordance with a system designed to assure that qualified Joseph Bauer

Joseph Bauer

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA Code NUMBER MM/DD/YYYY

certify under penalty of law that this document and all attachments were prepared under my

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TELEPHONE

DATE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

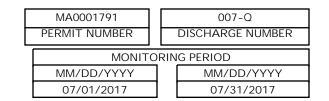
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880 MAJOR

(SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	****	*****		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56)8/08/201	
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

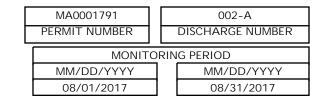
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	7.07	****	7.07	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	*****	****	< 1.5	****	< 1.5	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	89082	89082	gal/d	****	*****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	*****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1.5	*****	< 1.5	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
Joseph Bauer/ Environmental Specialist	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)9/12/201
TYPED OR PRINTED	anomaton, neutring the possibility of the raid imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

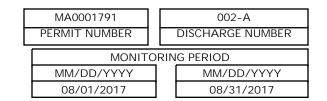
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	*****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
· '	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)9/12/201
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

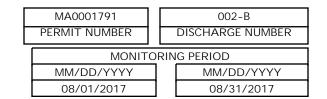
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.86	*****	6.96	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	83552	****	gal/d	*****	*****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	****	****	****	*****		Weekly	Estimate

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	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)9/12/201
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

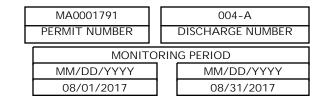
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.96	****	6.96	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	104207	104207	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	2.9	2.9	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	****	*****	< 1	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
· '	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)9/12/201
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

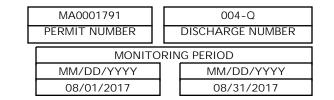
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	*****	*****	*****	< 1.5	****	< 1.5	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	*****	****	*****	< 1	*****	< 1	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	< 1	*****	< 2.9	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

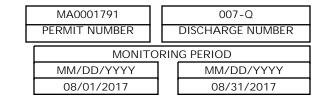
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	****	NODI 9				-
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	losenh Baller	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)9/12/201
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC. ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791 007-Q
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
08/01/2017 08/31/2017

DMR Mailing ZIP CODE: 01880 MAJOR

(SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
· '	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)9/12/201
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

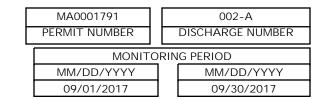
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.91	*****	6.91	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	< 1.5	****	< 1.5	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	96663	96663	gal/d	*****	****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	*****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	*****	****	*****	< 1.5	*****	< 1.5	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
'	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874	0/11/201
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791		002-A
PERMIT NUMBER		DISCHARGE NUMBER
MONITO)RI	NG PERIOD
MOTHIC		IN OTERNOO
MM/DD/YYYY		MM/DD/YYYY
09/01/2017	1	09/30/2017

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

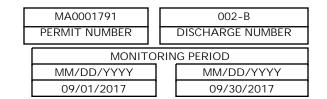
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	> 6.85	*****	< 6.92	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	96565	****	gal/d	*****	*****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	****	*****		Weekly	Estimate

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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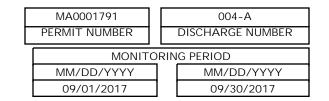
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.8	****	6.8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	105364	105364	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	5.2	5.2	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	****	*****	< 1	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703 ATTN: Joe Bauer, VICE PRES.

 MA0001791
 004-Q

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 09/01/2017
 09/30/2017

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1.5	****	< 1.5	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	****	< 1	*****	< 1	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	losenh Baller	TELEPI	HONE	DATE
1 ' '	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567	7-4874	0/11/201
TYPED OR PRINTED	anto matton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

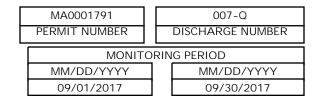
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.99	****	6.99	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	****	< 10	****	< 10	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	****	< 10	****	< 10	ug/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	****	< 25	****	< 25	ug/L		Quarterly	Grab
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	< 7	****	< 7	ug/L		Quarterly	Grab
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	****	< 50	****	< 50	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	< 100	****	< 100	ug/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

There was no measurable flow at the outfall location. A sample of the stagnant water at the location was collected and analyzed with results as reported herein.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

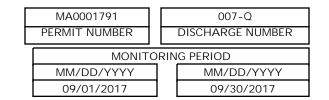
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

							L	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0	0	gal/d	****	****	****	*****		Quarterly	Grab
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Quarterly	Grab

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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

There was no measurable flow at the outfall location. A sample of the stagnant water at the location was collected and analyzed with results as reported herein.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

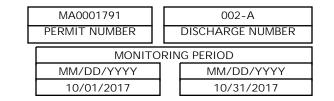
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.98	*****	6.98	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	< 1.5	****	< 1.5	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	133157	133157	gal/d	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1.5	*****	< 1.5	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874		1/08/201
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

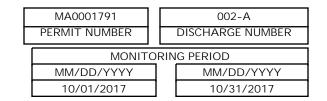
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

				QUANTITY OR LOADING			CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	1.3	****	1.3	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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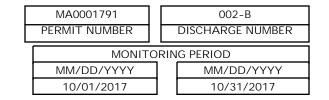
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	>= 6.75	*****	<= 6.92	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	1.4	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	92670	****	gal/d	*****	*****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	****	*****		Weekly	Estimate

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'	t person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874	2/14/201
TYPED OR PRINTED	errormation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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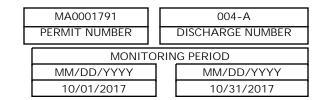
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.75	*****	6.75	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	136626	136626	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	6.4	6.4	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	****	< 1	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	1/08/201	
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

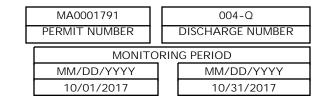
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1.5	****	< 1.5	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	****	< 1	*****	< 1	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
'	t person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874	2/14/201
TYPED OR PRINTED	errormation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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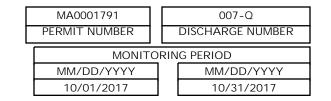
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				_
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Joseph Bauer Joseph Bauer/ Environmental Specialis person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (214)567-4874 1/08/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

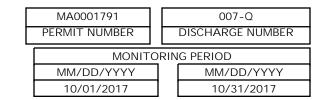
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880 MAJOR

(SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	****	*****		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874	1/08/201
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

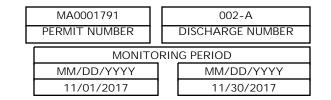
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****	6.66	****	6.66	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	****	****	< 1.5	****	< 1.5	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	*****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	109395	109395	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1.5	*****	< 1.5	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
Joseph Bauer/ Environmental Specialist	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874	2/14/201
TYPED OR PRINTED	anomaton, neutring the possibility of the raid imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC. ADDRESS: 527 Pleasant Street

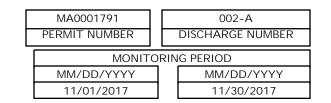
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

	QUAN		TITY OR LOADII	TITY OR LOADING		QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	2.1	****	2.1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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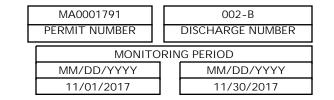
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
На	SAMPLE MEASUREMENT	*****	*****	*****	>= 6.72	*****	<= 6.83	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	****	****	3.1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	94806	****	gal/d	*****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	****	*****		Weekly	Estimate

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TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NAME: TEXAS INSTRUMENTS INC.

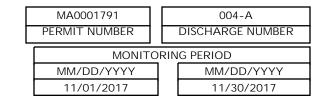
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ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.81	****	6.81	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	128521	128521	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	6.4	6.4	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	*****	1.1	1.1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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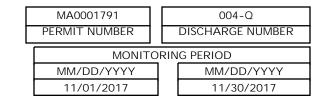
ADDRESS: 527 Pleasant Street

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FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	*****	*****	*****	< 1.5	****	< 1.5	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	*****	****	*****	< 1	*****	< 1	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	1.1	*****	1.1	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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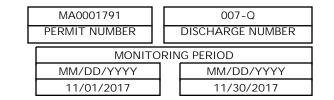
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	*****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	*****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	*****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	losenn Baller	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874	2/14/201
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

 MA0001791
 007-Q

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 11/01/2017
 11/30/2017

DMR Mailing ZIP CODE: 01880 MAJOR

(SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	****	*****		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
· '	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874	2/14/201
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

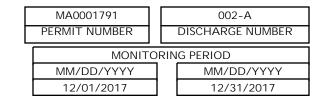
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QL	IALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	****	7.08	****	7.08	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1.5	****	< 1.5	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Houi Composi
Flow, in conduit or thru reatment plant	SAMPLE MEASUREMENT	125335	125335	gal/d	****	****	****	*****		Monthly	Estimat
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	*****	*****		Monthly	Estimat
sis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	6.6	****	6.6	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	*****	*****	< 1.5	*****	< 1.5	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Slight exceedance of permit limit for TCE is attributed to the treatment plant carbon vessels having been re-coated and filled with new carbon on 12/21 (the day prior to sampling). It is suspected that the carbon was not fully charged when the samples were collected. Due to projected weather conditions between 12/21 and 12/31 and the holidays, it was not feasible to allow more time between carbon change out and the sampling effort.

Joseph Bauer

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Joseph Bauer/ Environmental Specialist

TYPED OR PRINTED

NUMBER

(214)567-4874

AREA Code

)1/10/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

 MA0001791
 002-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 12/01/2017
 12/31/2017

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

	QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	5.3	****	5.3	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
· '	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)1/10/2018
TYPED OR PRINTED	and metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Slight exceedance of permit limit for TCE is attributed to the treatment plant carbon vessels having been re-coated and filled with new carbon on 12/21 (the day prior to sampling). It is suspected that the carbon was not fully charged when the samples were collected. Due to projected weather conditions between 12/21 and 12/31 and the holidays, it was not feasible to allow more time between carbon change out and the sampling effort.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

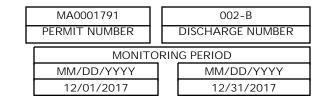
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	> 6.73	****	< 7.67	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	4.1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	100574	****	gal/d	*****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	*****	*****		Weekly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
· '	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)1/10/2018
TYPED OR PRINTED	and metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TCE concentration higher than typical is attributed to the treatment plant carbon vessels having been re-coated and filled with new carbon on 12/21 (the day prior to sampling). It is suspected that the carbon was not fully charged when the samples were collected. Due to projected weather conditions between 12/21 and 12/31 and the holidays, it was not feasible to allow more time between carbon change out and the sampling effort. The pH on 12/22 was also higher than typical due to the carbon change out.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

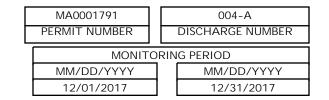
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.51	*****	6.51	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	115785	115785	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	6.5	6.5	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	*****	1.2	1.2	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

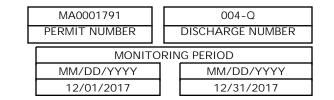
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1.5	*****	< 1.5	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	1.1	****	1.1	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	*****	1.2	*****	1.2	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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TYPED OR PRINTED	and match, relating the possibility of the site imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

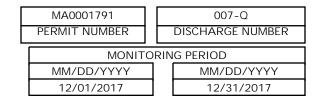
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****	5.59	*****	5.59	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	11	****	11	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	< 10	****	< 10	ug/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	38	****	38	ug/L		Quarterly	Grab
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	< 7	****	< 7	ug/L		Quarterly	Grab
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	< 50	****	< 50	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	*****	*****	101	*****	101	ug/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

ŀ		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
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Ī	TYPED OR PRINTED	and metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

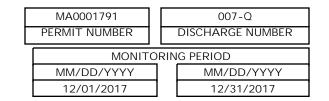
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	770315	770315	gal/d	****	****	****	*****		Quarterly	Grab
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	****	*****		Quarterly	Grab

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TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

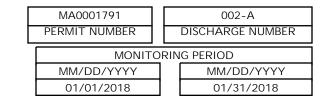
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.73	****	6.73	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	< 1.5	****	< 1.5	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	130444	130444	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	11	****	11	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1.5	*****	< 1.5	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
1	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)2/14/2018
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see attachment for explanation of exceedance and planned corrective action.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	9.4	****	9.4	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	and metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see attachment for explanation of exceedance and planned corrective action.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

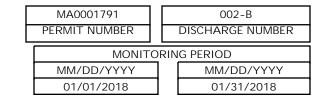
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	> 6.68	****	< 6.78	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	*****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	1.4	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	86805	****	gal/d	*****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	*****	gal/d	****	*****	*****	*****		Weekly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56)2/14/2018	
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

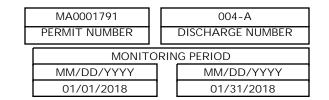
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.83	****	6.83	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	141258	141258	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	10	10	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	*****	1.9	1.9	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
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TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	004-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	*****	*****	*****	< 1.5	****	< 1.5	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	*****	1.7	*****	1.7	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	*****	1.9	*****	1.9	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

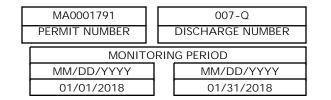
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				_
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

ŀ		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
		person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874)2/14/2018
Ī	TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

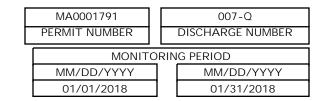
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Quarterly	Grab

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TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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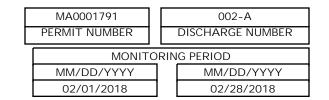
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.8	****	6.8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1.5	****	< 1.5	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	142441	142441	gal/d	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	9.2	****	9.2	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	*****	*****	< 1.5	*****	< 1.5	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Joseph Bauer Joseph Bauer/ Environmental Specialis person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (214)567-4874)3/14/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see attachment for reason for exceedance and planned corrective actions.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

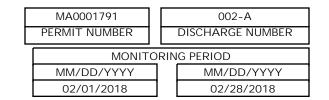
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

.....g 2.11 0022.

GROUNDWATER INFILTRATION

External Outfall

MAJOR

(SUBR S)

No Discharge

		QUAN	ITITY OR LOADING		QUALITY OR CONCENTRATION				FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	11	****	11	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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Joseph Bauer/ Environmental Specialist	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874)3/14/2018
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NÄME: TEXAS INSTRUMENTS INC.

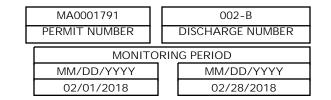
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	> 6.7	****	< 6.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	1.2	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	90283	****	gal/d	*****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	*****	*****		Weekly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	004-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.51	****	6.51	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	153994	153994	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	15	15	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	****	*****	2.8	2.8	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
· '	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)3/14/2018
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	004-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1.5	****	< 1.5	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	2	*****	2	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	****	2.8	*****	2.8	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
Joseph Bauer/ Environmental Specialist	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)3/14/2018
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

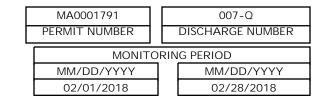
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	*****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	*****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	*****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	****	*****	NODI 9	****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)3/14/2018
TYPED OR PRINTED	and metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

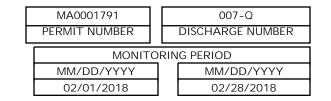
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880 MAJOR

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	****	*****		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
· '	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)3/14/2018
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' TEXAS INSTRUMENTS INC.

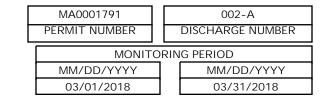
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

(SUBR S)

GROUNDWATER INFILTRATION

External Outfall

MAJOR

No Discharge

		QUAN	TITY OR LOADII	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
РΗ	SAMPLE MEASUREMENT	****	****	*****	6.79	****	6.79	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	*****	****	< 1.5	****	< 1.5	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	*****	*****	****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	126444	126444	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	14	****	14	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	*****	*****	< 1.5	****	< 1.5	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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		person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)4/12/2018
İ	TYPED OR PRINTED	and metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see attachment for reason for exceedance and corrective actions being taken.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

Γ	MA0001791		002-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
П			0.050100
	MONITO	RIN	G PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	03/01/2018]	03/31/2018

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	17	****	17	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
'	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)4/12/2018
TYPED OR PRINTED	and imprisonment to knowing the possionity of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see attachment for reason for exceedance and corrective actions being taken.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

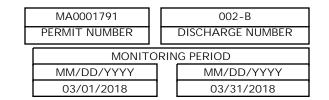
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	> 6.52	*****	< 6.76	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	1.5	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	111272	****	gal/d	*****	*****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	****	*****		Weekly	Estimate

.	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	IOSENN KALIER	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)4/12/2018
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

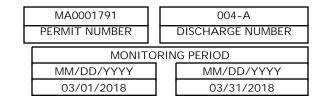
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.51	****	6.51	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	126206	126206	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	20	20	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	*****	3.7	3.7	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

.	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	IOSENN KALIER	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)4/12/2018
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	004-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	RING PERIOD
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1.5	****	< 1.5	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	2.7	*****	2.7	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	*****	3.7	*****	3.7	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
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TYPED OR PRINTED	and metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

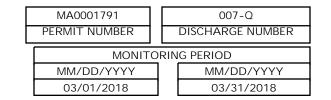
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER	_	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****	6.96	****	6.96	SU			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	13	****	13	ug/L			
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	****	< 10	****	< 10	ug/L			
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	****	****	< 25	****	< 25	ug/L			
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	*****	****	****	< 7	****	< 7	ug/L			
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	****	< 50	****	< 50	ug/L			
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	****	*****	< 100	****	< 100	ug/L			
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)4/12/2018
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC. ADDRESS: 527 Pleasant Street

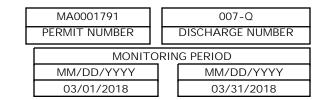
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	960974	960974	gal/d	****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	*****	*****		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
'	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)4/12/2018
TYPED OR PRINTED	and imprisonment to knowing the possionity of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

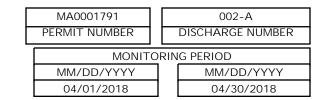
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	****	6.89	****	6.89	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	< 1.5	****	< 1.5	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	127211	127211	gal/d	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	17	****	17	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	*****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
Remediation	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)5/15/2018
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see attachment for reasons for exceedance and corrective action underway.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		L	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	30	****	30	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	I IOSENN BALIER	TELEP	HONE	DATE
Joe Bauer/ Director, Env Assts and Remediation	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)5/15/2018
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see attachment for reasons for exceedance and corrective action underway.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

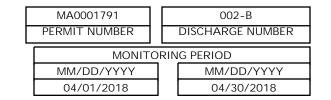
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	****	****	*****	6.78	*****	6.98	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	1.2	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	97265	****	gal/d	****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	*****	*****		Weekly	Estimate

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	I IOSENN BALIER	TELEP	HONE	DATE
Joe Bauer/ Director, Env Assts and Remediation	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)5/15/2018
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

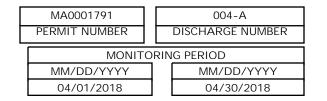
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.78	*****	6.78	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	144731	144731	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	15	15	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	*****	*****	*****	2.4	2.4	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l losenh Kaller	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874)5/15/2018
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

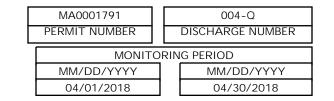
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1.5	****	< 1.5	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	2.2	****	2.2	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	2.4	*****	2.4	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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Joe Bauer/ Director, Env Assts and Remediation	auer/ Director, Env Assts and person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874)5/15/2018
		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

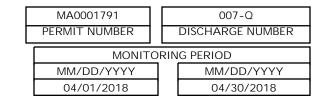
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	*****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	losenh Baller	TELEPHONE		DATE
	Dame disting		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874)5/15/2018
İ	TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791 007-Q PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 04/01/2018 04/30/2018

DMR Mailing ZIP CODE: 01880 **MAJOR**

(SUBR S) OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				1	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	DATE	
Dome a diation	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874)5/15/2018
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TEXAS INSTRUMENTS INC.

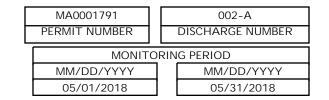
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.71	*****	7.71	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	120415	120415	gal/d	*****	****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	*****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	1.4	****	1.4	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1.5	*****	< 1.5	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
	, , , , , , , , , , , , , , , , , , ,	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56)6/13/2018	
İ	TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

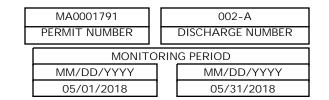
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	1.8	****	1.8	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
'	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)6/13/2018
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

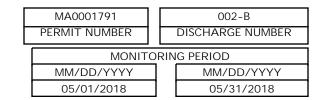
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	>= 6.8	*****	<= 6.94	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	1.2	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	111511	****	gal/d	*****	*****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	****	*****		Weekly	Estimate

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'	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)6/13/2018
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

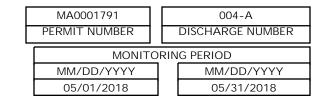
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.3	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	164520	164520	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	8.8	8.8	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	****	1.3	1.3	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)6/13/2018
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

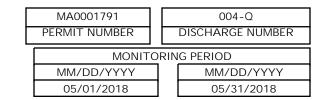
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	****	*****	1	****	1	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	*****	1.2	****	1.2	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	*****	1.3	****	1.3	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)6/13/2018
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

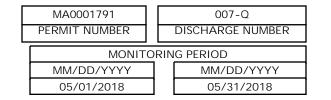
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	****	NODI 9				-
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

ŀ		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
		person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)6/13/2018
Ī	TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC. ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791 007-Q
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
05/01/2018 05/31/2018

DMR Mailing ZIP CODE: 01880 MAJOR

(SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

	QUA		NTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Quarterly	Grab

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'	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874)6/13/2018
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

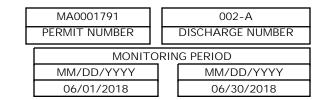
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
На	SAMPLE MEASUREMENT	*****	****	****	7.59	****	7.59	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	101824	101824	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	*****	*****	< 1.5	****	< 1.5	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
Joseph Bauer/ Environmental Specialist	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)7/17/2018
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

Γ	MA0001791		002-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	06/01/2018	1	06/30/2018

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	1	****	1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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Joseph Bauer/ Environmental Specialist	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874)7/17/2018
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NAME: TEXAS INSTRUMENTS INC.

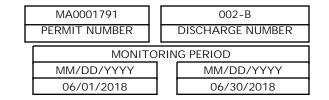
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	> 6.78	*****	< 6.9	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	90818	****	gal/d	*****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	****	*****		Weekly	Estimate

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

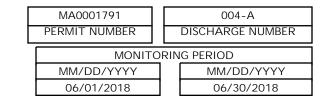
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.52	****	6.52	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	79034	79034	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	4.6	4.6	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	****	*****	< 1	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)7/17/2018
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	004-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	< 1	*****	< 1	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	*****	****	****	< 1	****	< 1	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	< 1	*****	< 1	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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· '	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)7/17/2018
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

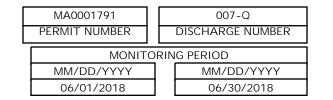
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
РΗ	SAMPLE MEASUREMENT	*****	*****	*****	5.83	*****	5.83	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	****	< 10	****	< 10	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	< 10	****	< 10	ug/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	****	< 25	****	< 25	ug/L		Quarterly	Grab
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	< 7	****	< 7	ug/L		Quarterly	Grab
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	< 50	*****	< 50	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	****	****	< 100	****	< 100	ug/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

 MA0001791
 007-Q

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 06/01/2018
 06/30/2018

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	343195	343195	gal/d	****	****	****	*****		Quarterly	Grab
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Quarterly	Grab

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TYPED OR PRINTED	and metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TEXAS INSTRUMENTS INC.

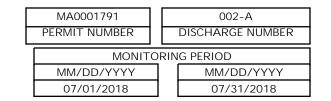
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE:

01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.05	*****	7.05	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	89681	89681	gal/d	*****	****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	*****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	1	****	1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	*****	****	*****	< 1.5	*****	< 1.5	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
	, , , , , , , , , , , , , , , , , , ,	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)8/08/2018
İ	TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

 MA0001791
 002-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2018
 07/31/2018

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUANTITY OR LOADING		Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	2.4	****	2.4	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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Joseph Bauer/ Environmental Specialist	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)8/08/2018
TYPED OR PRINTED	and metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	>= 6.5	*****	<= 6.68	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	1.8	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	88673	****	gal/d	****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	*****	****	*****		Weekly	Estimate

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TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

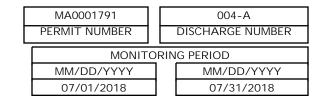
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.51	****	6.51	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	86839	86839	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	3.5	3.5	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	*****	< 1	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

Γ	MA0001791		004-Q
Г	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	07/01/2018	1	07/31/2018

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	*****	< 1	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	****	< 1	*****	< 1	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
'	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)8/08/2018
TYPED OR PRINTED	errormation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

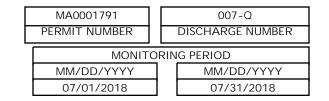
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	****	NODI 9				-
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	losenh Baller	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)8/08/2018
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TEXAS INSTRUMENTS INC. ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	007-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 01880 **MAJOR**

(SUBR S) OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	-
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	****	*****		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
'	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)8/08/2018
TYPED OR PRINTED	errormation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: " TEXAS INSTRUMENTS INC.

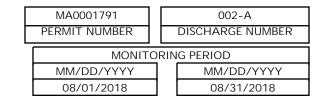
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

(SUBR S)

GROUNDWATER INFILTRATION

External Outfall

MAJOR

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.9	****	6.9	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	89681	89681	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	*****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	7.7	****	7.7	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see attachment for likely reason for TCE exceedance and corrective action completed in August.

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph Bauer/ Director Env Assts and

Remediation

TYPED OR PRINTED

NUMBER

TELEPHONE

(214)567-4874

AREA Code

Joseph Bauer

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

0/01/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

 MA0001791
 002-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 08/01/2018
 08/31/2018

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

	QUA		TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	10	****	10	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	losenh Baller	TELEPI	HONE	DATE
Joseph Bauer/ Director Env Assts and	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874	0/01/2018
TYPED OR PRINTED	anto measur, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see attachment for likely reason for TCE exceedance and corrective action completed in August.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

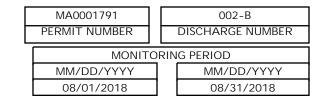
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.81	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	91933	****	gal/d	*****	*****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	****	*****		Weekly	Estimate

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
Joseph Bauer/ Director Env Assts and Remediation Personal Remediation	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	0/01/2018	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

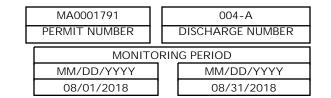
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.81	****	6.81	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	98417	98417	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	4.9	4.9	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	****	*****	< 1	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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Joseph Bauer/ Director Env Assts and Remediation Personal Remediation	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	0/01/2018	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME:"\ TEXAS INSTRUMENTS INC.

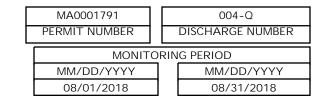
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	< 1	*****	< 1	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	*****	****	****	< 1	****	< 1	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	< 1	*****	< 1	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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Joseph Bauer/ Director Env Assts and Remediation Personal Remediation	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	0/01/2018	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

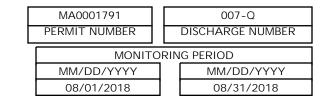
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	****	NODI 9	*****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	****	*****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	****	*****	NODI 9	****	NODI 9				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	****	NODI 9	*****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnell properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
·	Damaadiatian	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	0/01/2018	
TYPED C	OR PRINTED	and material including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME:"\ TEXAS INSTRUMENTS INC.

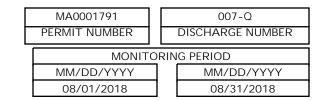
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880 MAJOR

(SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QUALITY OR CONCENTRATION					FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Quarterly	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
Joseph Bauer/ Director Env Assts and Remediation Remediation	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	0/01/2018	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' TEXAS INSTRUMENTS INC.

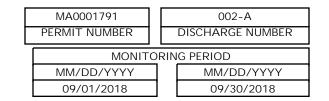
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.91	****	6.91	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	66240	66240	gal/d	*****	****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	1.7	****	1.7	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
Joseph Bauer/ Environmental Specia	st person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874		0/12/2018
TYPED OR PRINTED	anomaton, needing the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The laboratory analysis for this sample was performed utilizing a compromised vial.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

Γ	MA0001791		002-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	09/01/2018	Ì	09/30/2018

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	1.4	****	1.4	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
'	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874		0/12/2018
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The laboratory analysis for this sample was performed utilizing a compromised vial.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

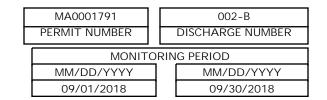
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER
External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	>= 6.76	****	<= 6.92	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	*****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	2.2	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	81138	****	gal/d	*****	*****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	*****	gal/d	*****	*****	*****	*****		Weekly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
1 '	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874		0/12/2018
TYPED OR PRINTED	amormador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

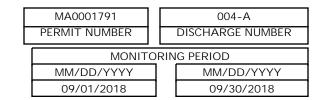
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.56	****	6.56	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	162009	162009	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	****	6.3	6.3	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	****	*****	< 1	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874	0/12/2018
TYPED OR PRINTED	and metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

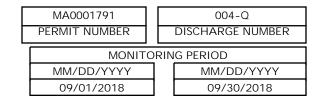
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	*****	< 1	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	*****	< 1	*****	< 1	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
· '	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874	0/12/2018
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

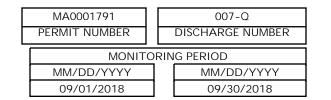
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.85	*****	6.85	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	< 10	****	< 10	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	< 10	****	< 10	ug/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	< 25	****	< 25	ug/L		Quarterly	Grab
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	< 7	****	< 7	ug/L		Quarterly	Grab
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	< 50	****	< 50	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	264	****	264	ug/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

ŀ		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	DATE	
		person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874	0/12/2018
Ī	TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	th a system designed to assure that qualified he information submitted. Based on my inquiry of the m, or those persons directly responsible for gathering ed is, to the best of my knowledge and belief, true, here are significant penalties for submitting false fine and imprisonment for knowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR ALTHORIZED ACENIT.	NUMBER	MM/DD/YYYY	

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

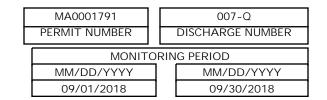
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

	QUAN	ANTITY OR LOADING		QUALITY OR CONCENTRATION				T	FREQUENCY	1 0, 1	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1910542	1910542	gal/d	****	****	****	*****		Quarterly	Grab
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	****	*****		Quarterly	Grab

	ER i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Joseph Bauer	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874		0/12/2018
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

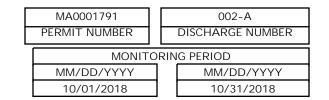
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
На	SAMPLE MEASUREMENT	****	*****	*****	7.13	*****	7.13	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	*****	****	*****	*****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	86112	86112	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	11	****	11	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	*****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Joseph Bauer Joseph Bauer/ Environmental Specialis person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (214)567-4874 1/12/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see attachment for likely reasons for minor exceedance this month and corrective actions underway.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

	MA0001791		002-A
Р	PERMIT NUMBER		DISCHARGE NUMBER
Т	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2018	Ì	10/31/2018

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	7.6	****	7.6	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874		1/12/2018
TYPED OR PRINTED	and metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see attachment for likely reasons for minor exceedance this month and corrective actions underway.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

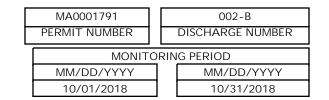
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
РΗ	SAMPLE MEASUREMENT	****	*****	*****	> 6.95	****	< 7.02	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	75309	****	gal/d	****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	****	*****		Weekly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874		1/12/2018
TYPED OR PRINTED	arrormation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

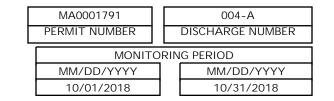
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	****	*****	*****	6.5	*****	6.5	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	150521	150521	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	5.1	5.1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	****	1.1	1.1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874		1/12/2018
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

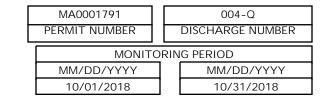
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	*****	< 1	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	*****	1.1	*****	1.1	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874		1/12/2018
TYPED OR PRINTED	and metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TEXAS INSTRUMENTS INC.

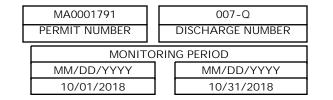
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	*****	NODI 9				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	****	*****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	****	****	NODI 9	****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

Joseph Bauer/ Environmental Specialist person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

Joseph Bauer

TELEPHONE DATE (214)567-4874 1/12/201 NUMBER MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC. ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

 MA0001791
 007-Q

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 10/01/2018
 10/31/2018

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
'	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874		1/12/2018
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' TEXAS INSTRUMENTS INC.

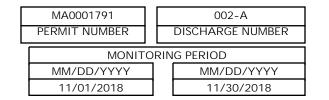
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.83	*****	6.83	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	121104	121104	gal/d	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	18	****	18	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	*****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

ŀ		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
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Ī	TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see attachment for likely reason for exceedance and upcoming corrective action.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

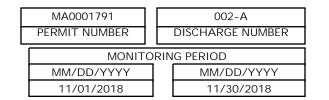
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	24	****	24	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	and metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see attachment for likely reason for exceedance and upcoming corrective action.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

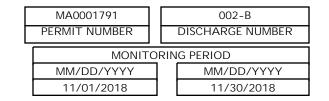
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
РΗ	SAMPLE MEASUREMENT	*****	****	*****	> 6.55	*****	< 6.85	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	1.6	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	92549	****	gal/d	*****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	*****	*****		Weekly	Estimate

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TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

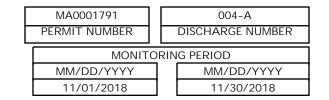
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.86	****	6.86	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	144731	144731	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	10	10	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	****	*****	2.3	2.3	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
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TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

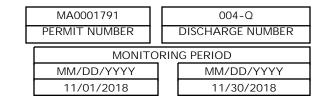
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	*****	*****	*****	22	****	22	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	*****	****	****	1.8	****	1.8	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	*****	2.3	*****	2.3	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

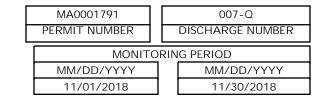
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	****	NODI 9	*****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	****	*****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	****	*****	NODI 9	****	NODI 9				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	****	NODI 9	*****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
		person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874		2/15/2018
İ	TYPED OR PRINTED	and metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791 007-Q PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/30/2018 11/01/2018

DMR Mailing ZIP CODE: 01880 **MAJOR**

(SUBR S) OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QUALITY OR CONCENTRATION				FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	****	*****		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874		2/15/2018
TYPED OR PRINTED	and metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

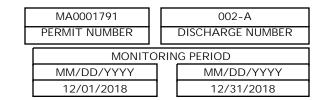
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.86	****	6.86	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	123840	123840	gal/d	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	*****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	6	****	6	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
Joseph Bauer/ Environmental Specialist	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)1/15/201
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

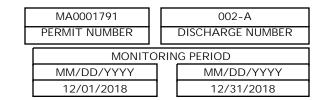
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

	QUAN	NTITY OR LOADING QUALITY OR (JALITY OR CON	, , , , , , , , , , , , , , , , , , , 			FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	12	****	12	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)1/15/2019
TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

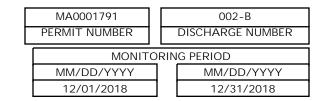
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	*****	*****	*****	> 6.68	*****	< 6.78	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	3.2	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	82487	****	gal/d	*****	*****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	****	*****		Weekly	Estimate

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	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874)1/15/201
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

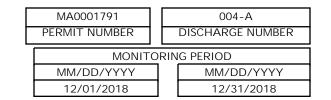
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.3	****	6.3	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	115785	115785	gal/d	*****	****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	*****	****	****	*****	8.3	8.3	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	****	1.7	1.7	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
· '	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874)1/15/201
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

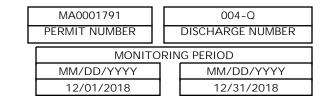
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	1.3	*****	1.3	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	****	1.7	*****	1.7	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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'	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874)1/15/201
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

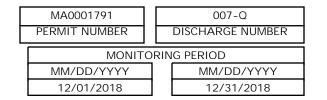
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	5.61	*****	5.61	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	< 10	****	< 10	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	< 10	****	< 10	ug/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	****	< 25	****	< 25	ug/L		Quarterly	Grab
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	*****	< 7	*****	< 7	ug/L		Quarterly	Grab
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	< 50	****	< 50	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	148	*****	148	ug/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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TYPED OR PRINTED	and metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

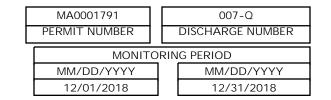
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703 FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	807969	807969	gal/d	*****	****	****	*****		Quarterly	Grab
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	****	*****		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56)1/15/2019	
TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

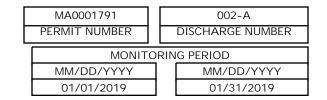
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.55	****	6.55	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	123840	123840	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	8.8	****	8.8	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
	, , , , , , , , , , , , , , , , , , ,	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)2/15/2019
İ	TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see attachment for explanation of exceedance and corrective actions.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA000)1791		002-A
PERMIT N	NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
MM/D	D/YYYY		MM/DD/YYYY
01/0	1/2019		01/31/2019

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	18	****	18	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56)2/15/2019	
TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see attachment for explanation of exceedance and corrective actions.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

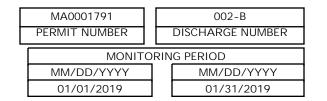
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	> 6.8	*****	< 6.9	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	1.5	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	111124	****	gal/d	*****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	****	*****		Weekly	Estimate

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TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

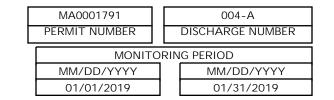
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	****	*****	*****	5.88	*****	5.88	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	91470	91470	gal/d	*****	****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	10	10	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	*****	2.2	2.2	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
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TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

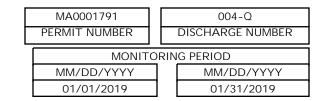
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	.0018	*****	.0018	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	****	2.2	****	2.2	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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'	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)2/15/201
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

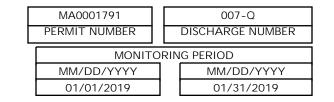
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	*****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

ŀ		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
		person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874)2/15/2019
Ī	TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC. ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

 MA0001791
 007-Q

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 01/01/2019
 01/31/2019

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
· '	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)2/15/201
TYPED OR PRINTED	and metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

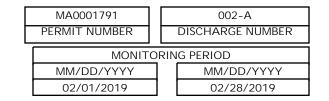
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.91	****	6.91	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	148093	148093	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	*****	****	*****	5.6	****	5.6	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
Joseph Bauer/ Environmental Specialist	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)3/11/2019
TYPED OR PRINTED	anomaton, neutring the possibility of the raid imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

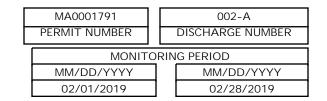
NÄME: TEXAS INSTRUMENTS INC. ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	4.9	****	4.9	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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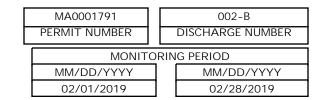
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	****	****	*****	> 6.68	*****	< 6.88	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	1.2	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	106874	****	gal/d	****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	*****	*****		Weekly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

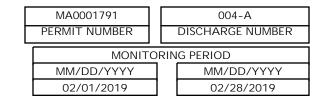
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.5	****	6.5	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	121574	121574	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	14	14	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	****	*****	2.6	2.6	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)3/11/2019
TYPED OR PRINTED	and metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

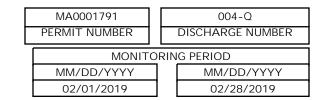
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	*****	****	****	2.6	****	2.6	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	*****	2.6	****	2.6	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)3/11/201
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

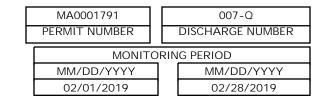
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	*****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

ŀ		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
		person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56)3/11/2019	
Ī	TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

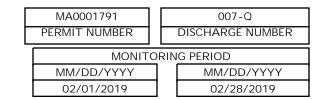
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
'	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874)3/11/201
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

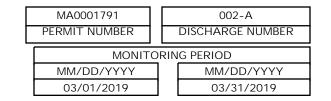
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****	6.65	****	6.65	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	149109	149109	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	*****	****	*****	5.8	****	5.8	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Joseph Bauer Joseph Bauer/ Environmental Specialis person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (214)567-4874)4/16/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC. ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

 MA0001791
 002-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 03/01/2019
 03/31/2019

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	4.5	****	4.5	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
· '	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)4/16/201
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

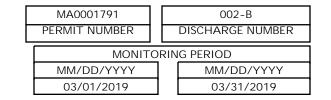
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	> 6.77	*****	< 6.91	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	139074	****	gal/d	*****	****	*****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	****	*****		Weekly	Estimate

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TYPED OR PRINTED	and metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

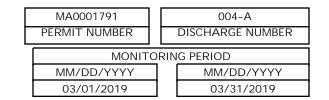
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.75	*****	6.75	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	137635	137635	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	*****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	13	13	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	*****	2.5	2.5	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

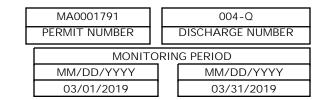
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	< 1	*****	< 1	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	*****	****	****	2.1	****	2.1	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	2.5	*****	2.5	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

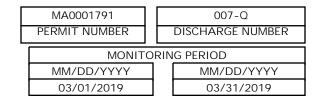
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.53	*****	6.53	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	10	****	10	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	< 10	****	< 10	ug/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	< 25	****	< 25	ug/L		Quarterly	Grab
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	*****	< 7	****	< 7	ug/L		Quarterly	Grab
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	< 50	****	< 50	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	*****	*****	121	****	121	ug/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

ı		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
		person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)4/16/2019
j	TYPED OR PRINTED	and metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TEXAS INSTRUMENTS INC.

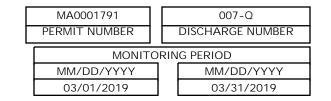
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		L	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1259618	1259618	gal/d	*****	****	****	*****		Quarterly	Grab
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
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TYPED OR PRINTED	and metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

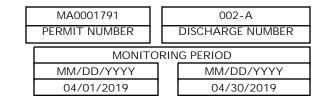
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER	•	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****	6.83	****	6.83	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	160088	160088	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	20	*****	20	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

Joseph Bauer/ Environmental Specialist

Joseph Bauer / Environmental Specialist

TYPED OR PRINTED

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the person of propers when the qualified properly gather and evaluate the information submitted. Based on my inquiry of the person of propers when the qualified properly gather and evaluate

certify under penalty of law that this document and all attachments were prepared under my

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see attachment for explanation for permit exceedance and corrective actions.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TELEPHONE

DATE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

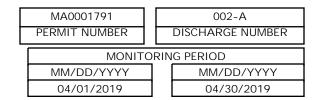
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703 FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	39	****	39	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
'	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874)5/14/201
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please see attachment for explanation for permit exceedance and corrective actions.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

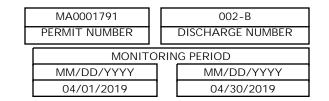
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	> 6.86	****	< 6.94	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	1.5	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	109662	****	gal/d	*****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	*****	*****		Weekly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

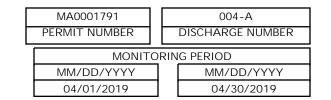
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.16	*****	6.16	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	118101	118101	gal/d	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	10	10	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	*****	2.3	2.3	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

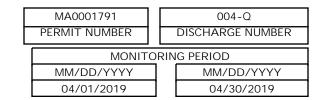
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	*****	****	*****	< 1	*****	< 1	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	*****	2.2	*****	2.2	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	*****	2.3	*****	2.3	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	007-Q					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITO	MONITORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					
04/01/2019	04/30/2019					

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	****	NODI 9	*****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	****	*****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	****	*****	NODI 9	****	NODI 9				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	****	NODI 9	*****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Joseph Bauer Joseph Bauer/ Environmental Specialis person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (214)567-4874)5/14/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC. ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	007-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Quarterly	Grab

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TYPED OR PRINTED	and metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

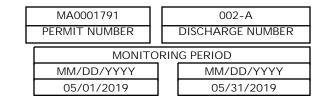
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.92	*****	6.92	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	135355	135355	gal/d	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	****	*****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	1	****	1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)6/06/2019
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

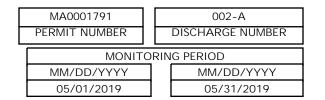
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	2.7	****	2.7	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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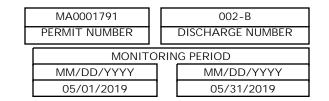
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	> 6.72	*****	< 6.92	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	105918	****	gal/d	*****	*****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	****	*****		Weekly	Estimate

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

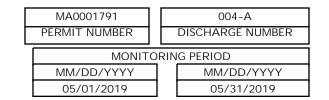
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.9	****	6.9	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	121574	121574	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	10	10	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	*****	1.5	1.5	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	004-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	< 1	*****	< 1	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	*****	****	****	1.3	****	1.3	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	****	1.5	*****	1.5	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

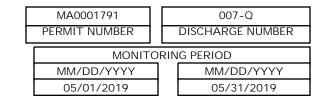
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	*****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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İ	TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC. ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

 MA0001791
 007-Q

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 05/01/2019
 05/31/2019

DMR Mailing ZIP CODE: 01880 MAJOR

(SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	****	*****		Quarterly	Grab

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TYPED OR PRINTED	and match, relating the possibility of the site imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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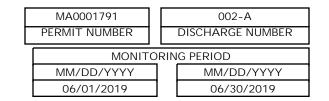
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
РΗ	SAMPLE MEASUREMENT	*****	****	*****	6.54	****	6.54	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	****	*****	1.1	****	1.1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	110910	110910	gal/d	*****	*****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	1	****	1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	*****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

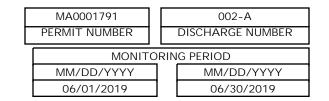
NAME: ' TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	2	****	2	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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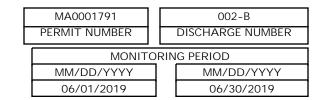
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	> 6.8	****	< 6.92	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	2.8	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	102980	****	gal/d	*****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	*****	****	*****		Weekly	Estimate

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATER CONDITIONS

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

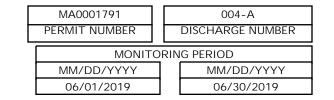
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ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.5	*****	6.5	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	113469	113469	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	****	9.1	9.1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	*****	1.3	1.3	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
'	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874)7/12/201
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

 MA0001791
 004-Q

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 06/01/2019
 06/30/2019

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	*****	*****	*****	< 1	****	< 1	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	*****	< 1	*****	< 1	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	*****	1.3	*****	1.3	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

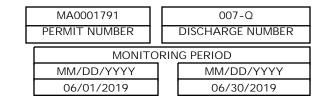
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.51	*****	6.51	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	< 10	****	< 10	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	< 10	****	< 10	ug/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	< 25	****	< 25	ug/L		Quarterly	Grab
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	< 7	****	< 7	ug/L		Quarterly	Grab
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	< 50	****	< 50	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	< 100	****	< 100	ug/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

١		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
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j	TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

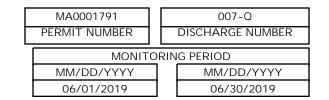
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				1	·	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	264828	264828	gal/d	****	****	****	*****		Quarterly	Grab
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Quarterly	Grab

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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TEXAS INSTRUMENTS INC.

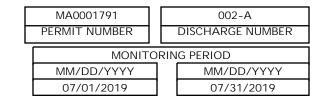
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Η	SAMPLE MEASUREMENT	*****	*****	*****	6.87	*****	6.87	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	1.1	****	1.1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	132742	132742	gal/d	*****	****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	*****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	*****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	antomation, including the possibility of the and imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

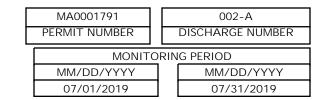
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703

ATTLEBURU, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADING		QUALITY OR CONCENTRATION			L	FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TEXAS INSTRUMENTS INC.

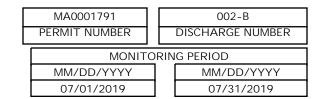
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE:

01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	> 6.8	*****	< 6.92	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	*****	****	*****	*****	< 1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	104878	****	gal/d	*****	****	*****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	****	*****		Weekly	Estimate

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TYPED OR PRINTED	and match, relating the possibility of the site imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

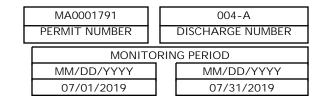
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.91	****	6.91	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	32420	32420	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	*****	****	*****	6.2	6.2	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	****	*****	1.4	1.4	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
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TYPED OR PRINTED	and match, relating the possibility of the site imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE DURING DRY WEATHER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

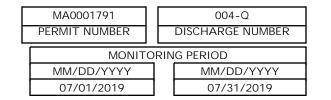
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	*****	****	*****	< 1	*****	< 1	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	*****	< 1	*****	< 1	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	*****	1.4	*****	1.4	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

Γ	MA0001791	Γ	007-Q
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	DR	RING PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	07/01/2019	1	07/31/2019

DMR Mailing ZIP CODE: 01880 MAJOR

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	*****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	****	*****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				_
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	*****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

ŀ		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
		person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)8/13/2019
Ī	TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC. ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791 007-Q
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
07/01/2019 07/31/2019

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Quarterly	Grab

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Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TEXAS INSTRUMENTS INC.

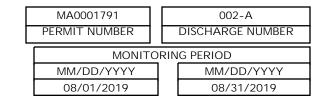
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
РΗ	SAMPLE MEASUREMENT	****	****	*****	6.57	****	6.57	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	*****	< 1	*****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	93512	93512	gal/d	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	antomation, including the possibility of the and imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

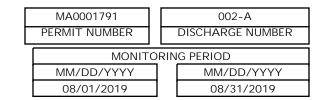
NAME: ' TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		L	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	2	****	2	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	and metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATHER.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

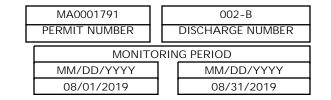
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	>= 6.57	*****	<= 6.7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	1.9	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	85042	****	gal/d	*****	*****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	****	****	*****	*****		Weekly	Estimate

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TYPED OR PRINTED	anomaton, netacing the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLE DURING DRY WEATER CONDITIONS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

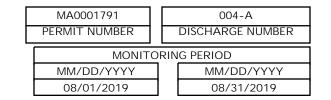
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.28	****	6.28	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	25473	25473	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	4.3	4.3	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	****	*****	< 1	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

 MA0001791
 004-Q

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 08/01/2019
 08/31/2019

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	****	*****	2.2	****	2.2	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	*****	*****	*****	< 1	*****	< 1	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	< 1	*****	< 1	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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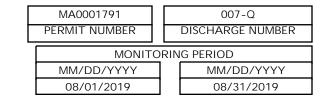
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				_
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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TYPED OR PRINTED	amormador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703 ATTN: Joe Bauer, VICE PRES.

 MA0001791
 007-Q

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 08/01/2019
 08/31/2019

DMR Mailing ZIP CODE: 01880 MAJOR

(SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	****	*****		Quarterly	Grab

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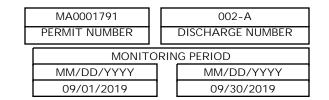
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
На	SAMPLE MEASUREMENT	****	****	*****	6.5	*****	6.5	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	121680	121680	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874	0/14/2019
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

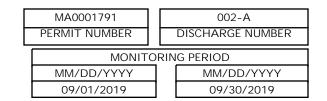
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	QUALITY OR CONCENTRATION				FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	2.2	****	2.2	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	0/14/2019	
TYPED OR PRINTED	and metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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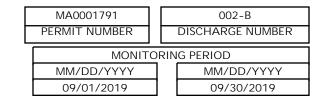
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	> 6.58	*****	< 6.74	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	3.3	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	85907	****	gal/d	*****	*****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	****	*****		Weekly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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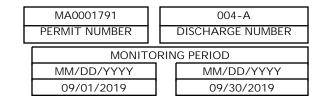
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.5	****	6.5	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	103049	103049	gal/d	*****	*****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	5.7	5.7	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	****	*****	1.2	1.2	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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· '	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874	0/14/201
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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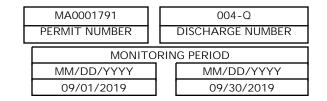
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	*****	****	*****	< 1	*****	< 1	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	1.2	*****	1.2	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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· '	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874	0/14/201
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

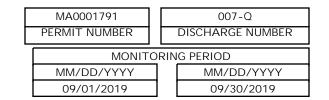
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.5	*****	6.5	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	****	*****	< 10	****	< 10	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	< 10	****	< 10	ug/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	< 25	****	< 25	ug/L		Quarterly	Grab
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	< 7	****	< 7	ug/L		Quarterly	Grab
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	< 50	****	< 50	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	*****	*****	< 100	*****	< 100	ug/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

⊦		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
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Ī	TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	007-Q							
PERMIT NUMBER	DISCHARGE NUMBER							
MONIT	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
09/01/2019	09/30/2019							

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	134748	134748	gal/d	*****	****	****	*****		Quarterly	Grab
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
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TYPED OR PRINTED	amorniadon, medding the possionity of this and imprisonifiert for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

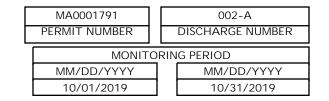
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.69	****	6.69	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	107276	107276	gal/d	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	*****	*****	< 1	*****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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Joseph Bauer/ Environmental Specialist	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874	1/14/2019
TYPED OR PRINTED	and match, nelecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

 MA0001791
 002-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 10/01/2019
 MM/DD/YYYY

 10/31/2019
 10/31/2019

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

	QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	1.3	****	1.3	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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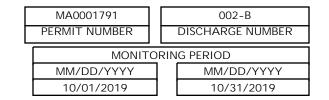
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	>= 6.6	*****	<= 6.7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	94683	****	gal/d	*****	*****	*****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	*****	gal/d	*****	****	****	*****		Weekly	Estimate

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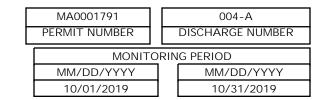
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.7	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	30104	30104	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	5.8	5.8	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	*****	< 1	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
'	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874	1/14/201
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

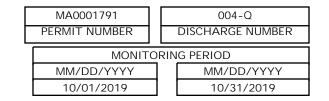
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	5.5	*****	5.5	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	*****	< 1	*****	< 1	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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TYPED OR PRINTED	and metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NÄME: TEXAS INSTRUMENTS INC.

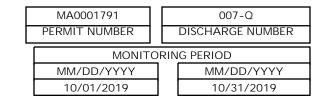
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				_
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	losenn Baller	TELEP	HONE	DATE
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TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NÄME: TEXAS INSTRUMENTS INC.

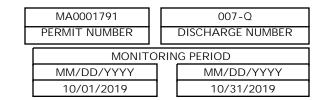
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	****	*****		Quarterly	Grab

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TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NAME: TEXAS INSTRUMENTS INC.

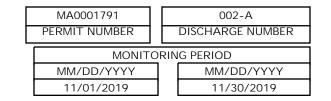
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
На	SAMPLE MEASUREMENT	****	****	*****	7.45	****	7.45	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	164052	164052	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	1.1	****	1.1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	*****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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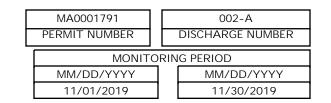
NÄME: TEXAS INSTRUMENTS INC. ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

	QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	2.3	****	2.3	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	and match, relating the possibility of the site imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NAME: TEXAS INSTRUMENTS INC.

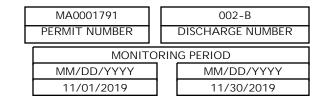
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	>= 6.65	*****	<= 6.75	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	1.5	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	114236	****	gal/d	****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	****	*****		Weekly	Estimate

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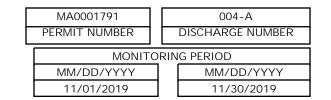
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FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.75	****	6.75	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	69471	69471	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	****	6.2	6.2	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	*****	1	1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	and match, relating the possibility of the site imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	004-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	****	*****	5.6	****	5.6	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	****	1	****	1	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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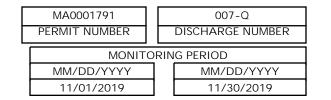
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	*****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

ŀ		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
		person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	2/30/2019	
Ī	TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

 MA0001791
 007-Q

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 11/01/2019
 11/30/2019

DMR Mailing ZIP CODE: 01880 MAJOR

(SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QUALITY OR CONCENTRATION				FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	****	*****		Quarterly	Grab

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

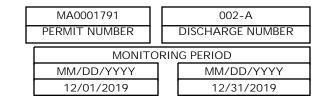
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
РΗ	SAMPLE MEASUREMENT	****	****	*****	6.63	****	6.63	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	147572	147572	gal/d	*****	*****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	6.8	****	6.8	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	amornation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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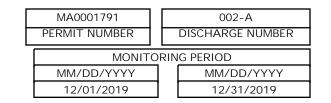
ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703

TEVAS INSTRUMENTS INC

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

	QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	5.4	****	5.4	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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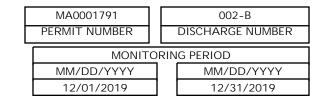
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
РΗ	SAMPLE MEASUREMENT	*****	****	*****	>= 6.6	*****	<= 6.7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	60660	****	gal/d	****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	*****	gal/d	*****	****	*****	*****		Weekly	Estimate

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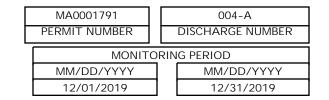
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.18	****	6.18	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	150521	150521	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	9.8	9.8	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	****	*****	1.6	1.6	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

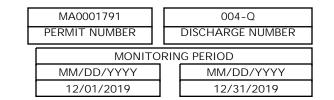
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUANTITY OR LOADING		Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	1.2	*****	1.2	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	*****	1.6	*****	1.6	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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NÄME: '\ TEXAS INSTRUMENTS INC.

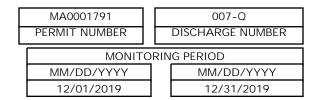
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.52	*****	6.52	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	< 10	****	< 10	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	< 10	****	< 10	ug/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	****	< 25	****	< 25	ug/L		Quarterly	Grab
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	*****	< 7	****	< 7	ug/L		Quarterly	Grab
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	< 50	****	< 50	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	*****	*****	151	****	151	ug/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

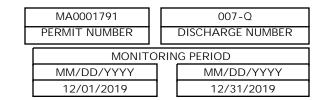
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

	QUA		NTITY OR LOADING		QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	817534	817534	gal/d	****	****	****	*****		Quarterly	Grab
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		Quarterly	Grab

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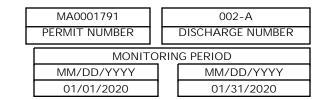
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
РΗ	SAMPLE MEASUREMENT	****	****	*****	6.75	****	6.75	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	115453	115453	gal/d	*****	*****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

Γ	MA0001791	Г	002-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	וסו	NG PERIOD
	MONTR		NOTERIOD
	MM/DD/YYYY		MM/DD/YYYY
	01/01/2020	1	01/31/2020

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		L	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	1.4	****	1.4	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)2/11/2020
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
На	SAMPLE MEASUREMENT	*****	*****	*****	>= 6.68	*****	<= 6.75	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	****	****	< 1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	136011	****	gal/d	*****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	****	*****		Weekly	Estimate

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874)2/11/2020
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

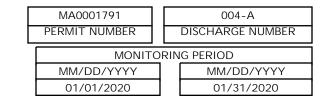
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.56	*****	6.56	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	26631	26631	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	*****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	6	6	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	****	****	1	1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	004-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	*****	1	*****	1	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

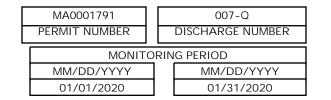
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				_
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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ADDRESS: 527 Pleasant Street
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	007-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 01880 MAJOR

(SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	****	*****		Quarterly	Grab

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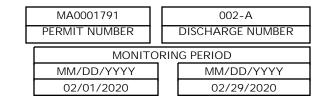
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Нα	SAMPLE MEASUREMENT	****	****	*****	7.06	****	7.06	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	95400	95400	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	1.6	****	1.6	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	*****	****	*****	1	****	1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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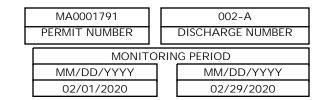
NÄME: TEXAS INSTRUMENTS INC. ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

			QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	3.1	****	3.1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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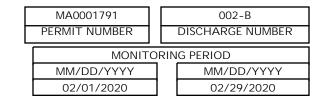
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ATTLEBORO, MA 02703

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ATTLEBORO, MA 02703

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DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	>= 6.68	****	<= 6.92	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	*****	****	*****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	2.9	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	147756	****	gal/d	*****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	****	*****	*****		Weekly	Estimate

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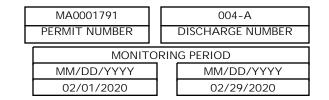
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MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.68	****	6.68	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	30104	30104	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	6.3	6.3	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	*****	1.1	1.1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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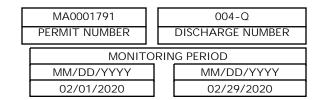
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ATTLEBORO, MA 02703

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ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	< 1	*****	< 1	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	.001	****	.001	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	1.1	*****	1.1	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)3/12/2020
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TEXAS INSTRUMENTS INC.

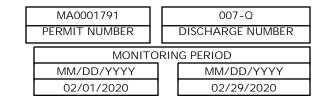
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880 **MAJOR**

(SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рH	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	*****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	****	*****	NODI 9	****	NODI 9				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	*****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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1	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874)3/12/2020
TYPED OR PRINTED	amormaton, melaling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703 FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	007-0
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Quarterly	Grab

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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TEXAS INSTRUMENTS INC.

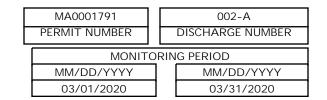
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.92	*****	6.92	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	*****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	148849	148849	gal/d	*****	****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	*****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	*****	****	*****	< 1	*****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC. ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

Γ	MA0001791	Г	002-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	<u></u>	NG PERIOD
	MONTO	ואכ	NG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	03/01/2020]	03/31/2020

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	3.2	****	3.2	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	IOSENN KALIER	TELEPI	HONE	DATE
1	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874)4/09/2020
TYPED OR PRINTED	and materi, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTN: Joe Bauer, VICE PRES.

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

 MA0001791
 002-B

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 03/01/2020
 03/31/2020

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****	>= 6.79	*****	<= 6.94	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	*****	*****	*****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	****	****	****	3.1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	115020	****	gal/d	****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	*****	gal/d	*****	****	*****	*****		Weekly	Estimate

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NÄME: TEXAS INSTRUMENTS INC.

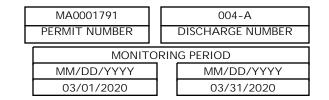
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.5	****	6.5	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	98417	98417	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	9.6	9.6	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	****	*****	1.8	1.8	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 527 Pleasant Street

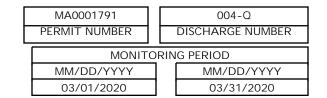
ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	1.8	*****	1.8	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	1.8	*****	1.8	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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NAME: TEXAS INSTRUMENTS INC.

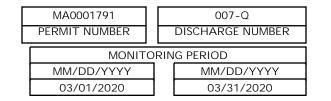
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.53	*****	6.53	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	10	****	10	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	< 10	****	< 10	ug/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	****	< 25	****	< 25	ug/L		Quarterly	Grab
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	*****	< 7	*****	< 7	ug/L		Quarterly	Grab
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	< 50	****	< 50	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	< 100	*****	< 100	ug/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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NÄME: TEXAS INSTRUMENTS INC.

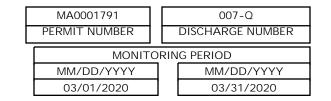
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	716112	716112	gal/d	****	****	****	*****		Quarterly	Grab
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Joseph Bauer	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)4/09/2020
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TEXAS INSTRUMENTS INC.

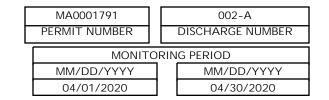
ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.6	****	6.6	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	****	*****	*****	< 1	****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	****	****	****	< 1	****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	130243	130243	gal/d	****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	*****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	****	3.7	****	3.7	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	****	****	*****	< 1	****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)56	7-4874)5/13/2020
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Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

Γ	MA0001791		002-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	04/01/2020	1	04/30/2020

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				L	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Trichloroethene	SAMPLE MEASUREMENT	****	****	*****	8	****	8	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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Joseph Bauer/ Environmental Specialist	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(214)567-4874)5/13/2020
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NAME: TEXAS INSTRUMENTS INC.

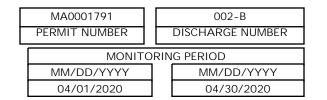
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ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

TREATED GROUNDWATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	>= 6.6	****	<= 6.77	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	****	****	****	*****	****	2.6	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	123172	****	gal/d	*****	****	****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	****	gal/d	*****	*****	*****	*****		Weekly	Estimate

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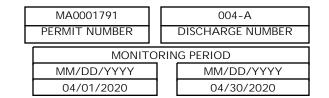
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ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTRATION

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.5	****	6.5	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	118101	118101	gal/d	*****	****	****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	****	****	*****	*****	17	17	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	****	****	****	*****	3.1	3.1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC.

LOCATION: 527 PLEASANT STREET ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

 MA0001791
 004-Q

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 04/01/2020
 04/30/2020

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

GROUNDWATER INFILTTRATION - QUARTI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chloroform	SAMPLE MEASUREMENT	*****	*****	*****	< 1	****	< 1	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	*****	****	*****	2.6	*****	2.6	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	****	*****	3.1	*****	3.1	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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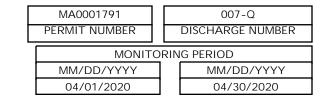
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FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.



DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QUALITY OR CONCENTRATION			NO.	FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	*****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	*****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	Req. Mon. MO AVG	****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	NODI 9	*****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AVG	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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NÄME: TEXAS INSTRUMENTS INC.

ADDRESS: 527 Pleasant Street

ATTLEBORO, MA 02703

FACILITY: TEXAS INSTRUMENTS, INC. LOCATION: 527 PLEASANT STREET

ATTLEBORO, MA 02703

ATTN: Joe Bauer, VICE PRES.

MA0001791	007-Q						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITO	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
04/01/2020	04/30/2020						

DMR Mailing ZIP CODE: 01880

MAJOR (SUBR S)

OUTLET OF COOPERS POND TO WADING R

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Quarterly	Grab

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